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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47723** (4)

1. Corporation Name

**SOUTH LAKELAND BABE RUTH LEAGUE, INC.**



Principal Place of Business	Mailing Address
HIGHWAY 540 A CHRISTINA PARK LAKELAND FL 33801 US	P.O. BOX 5497 LAKELAND FL 33807-5497 US

3. Date Incorporated or Qualified <b>03/05/1992</b>	3a. Date of Last Report <b>03/11/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21. <b>CARTER RD.</b> Suite, Apt. #, etc.	26. <b>CARTER RD. PK.</b> Suite, Apt. #, etc.
22. <b>CARTER RD. PK.</b> City & State	27. <b>CARTER RD. PK.</b> City & State
23. <b>LAKELAND, FL.</b> Zip	28. <b>LAKELAND, FL.</b> Zip
24. <b>33860</b>	25. <b>US</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SPARKMAN, JONATHAN C 6722 TAYLOR RD LAKELAND FL 33811	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Jonathan C. Sparkman JONATHAN C. SPARKMAN, PRESIDENT 1/11/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SPARKMAN, JONATHAN C
STREET ADDRESS	6722 TAYLOR RD
CITY-ST-ZIP	LAKELAND FL 33811
TITLE	VP <input type="checkbox"/> DELETE
NAME	NICHOLS, JOHN
STREET ADDRESS	5111 SHEFIELD DR
CITY-ST-ZIP	LAKELAND FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CRIDLIN, RUTH ANN
STREET ADDRESS	6925 KLEIN RD
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, JIMMY
STREET ADDRESS	1313 BRAMBLEWOOD DR
CITY-ST-ZIP	LAKELAND FL 33811
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VAUGHN, ROY
STREET ADDRESS	4349 LUCE RD
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SMITH, CONNIE
STREET ADDRESS	P O BOX 5497 N/A
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAKE, ANGEL
3.3 STREET ADDRESS	5667 CHERRY TREE LN.
3.4 CITY-ST-ZIP	LAKELAND, FL 33811
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMPSON, TAMMY
4.3 STREET ADDRESS	3430 HAMILTON RD.
4.4 CITY-ST-ZIP	LAKELAND FL 33811
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GRAHAM, BOB
5.3 STREET ADDRESS	706 HIGHLAND GARDEN LN.
5.4 CITY-ST-ZIP	LAKELAND FL 33813
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CUMMINGS, RUSSELL
6.3 STREET ADDRESS	2445 ROSLYN LN.
6.4 CITY-ST-ZIP	LAKELAND FL 33813

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jonathan C. Sparkman JONATHAN C. SPARKMAN 1/11/97 (941) 6484832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052889

CR2E037 (9/96)