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**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90068 042 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N47723**

1. Corporation Name

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

Principal Place of Business

CARTER RD  
 CARTER RD PK.  
 LAKELAND FL 33860  
 US

Mailing Address

P.O. BOX 5497  
 LAKELAND FL 33807-5497  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**03/05/1992**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution



**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

THOMPSON, TAMMY  
 3430 HAMILTON RD  
 LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name

**Russell Cummings**

82 Street Address (P.O. Box Number is Not Acceptable)

**2445 Roslyn Lane**

83

84 City

**Lakeland****FL**

85 Zip Code

**33813**

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

*Russell Cummings*  
 Signature, typed or printed name of registered agent and, if applicable,

**President****1/18/99**

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE

NAME MANNING, MARY  
 STREET ADDRESS 6508 SHADOW BROOK RUN  
 CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME BRADSHAW, RONALD  
 STREET ADDRESS 6103 OAKVIEW DR  
 CITY-ST-ZIP LAKELAND FL 33811

TITLE T ☒ DELETE

NAME THOMPSON, TAMMY  
 STREET ADDRESS 3430 HAMILTON RD  
 CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME GRAHAM, BOB  
 STREET ADDRESS 706 HIGHLAND GARDEN LN  
 CITY-ST-ZIP LAKELAND FL

TITLE PD ☐ DELETE

NAME CUMMINGS, RUSSELL  
 STREET ADDRESS 2445 ROSLYN LN  
 CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**VP**☐ Change☒ Addition

1.2 NAME

Dale Kirkland  
 2758 Medulla Road  
 Lakeland, FL 33811

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

**Treasurer**☐ Change☒ Addition

2.2 NAME

Marsha Faux  
 2674 Medulla Road  
 Lakeland, FL 33811

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

**Secretary**☐ Change☒ Addition

3.2 NAME

Mary McGeehan  
 1591 Georgetown Dr.  
 Lakeland, FL 33811

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

**Insurance Director**☐ Change☒ Addition

4.2 NAME

Roy Vaughn  
 2520 Roslyn Lane  
 Lakeland, FL 33813

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

**Parent Rep**☐ Change☐ Addition

5.2 NAME

Ron Bradshaw  
 6103 Oakview Drive  
 Lakeland, FL 33811

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

**Parent Rep**☒ Change☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Russell Cummings* 1/18/99 941-701-7525  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)