
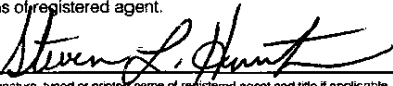
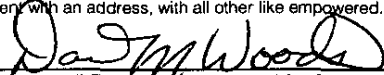


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90043 050 ****61.25

DOCUMENT # N47723 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUMMINGS, RUSSELL 2445 ROSLYN LANE LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Steven Hunter Street Address (P.O. Box Number is Not Acceptable) 1120 Candlewood DR City Lakeland FL Zip Code 33813	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFRIES, BRIAN		NAME		
STREET ADDRESS	1602 LAKEWOOD DR N		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAGG, CARLA		NAME	WOODS, DAVID	
STREET ADDRESS	1401 PARKER ROAD		STREET ADDRESS	3332 Heather Glynn DR	
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP	Mulberry FL 33860	
TITLE	ID	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORRIS, JULIE		NAME	316 Market Sq E.	
STREET ADDRESS	5127 GREENGLEN LN		STREET ADDRESS	Lakeland FL 33813	
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Vice President	
STREET ADDRESS			STREET ADDRESS	Steven Hunter	
CITY-ST-ZIP			CITY-ST-ZIP	1120 candlewood DR	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/12/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

94031251



03042004 Chg-NP CR2E037 (10/03)