# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 MAY -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**130.00

DOCUMENT # N94000001435 (6)

1. Corporation Name

ST. LUCIE COUNTY BABE RUTH LEAGUE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 900 VIRGINIA AVENUE<br>STE. 7<br>FORT PIERCE FL 34982 | 900 VIRGINIA AVENUE<br>STE. 7<br>FORT PIERCE FL 34982 |

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report:
4. FEI Number: 65-0570657
☒ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 1907 S. 28th STR. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 ft. Pierce fl |
| Zip 24 / Country 25 | Zip 29 34947 / Country 30 ST. LUCIE |

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHANDLER, JOHN T
900 VIRGINIA AVENUE
STE. 7
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: Billy Brown
82 Street Address (P.O. Box Number is Not Acceptable): 1907 S. 28th STR.
83
84 City: ft. PIERCE FL 85 Zip Code: 34947

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William C Brown
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | P+D | ☒ Change ☐ Addition |
| NAME | BROWN, WILLIAM C | 1.2 NAME | | |
| STREET ADDRESS | 1907 S. 28TH STREET | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT PIERCE FL 34947 | 1.4 CITY-ST-ZIP | | |
| TITLE | | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 2.2 NAME | PETE WELLS | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 706 Holly Ave | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Fort Pierce, FL 34982 | |
| TITLE | | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | LUCINDA LANE | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1901 HARTMAN ROAD | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | FORT PIERCE, FL 34947 | |
| TITLE | | 4.1 TITLE | T+D | ☐ Change ☒ Addition |
| NAME | | 4.2 NAME | FRANNIE HUTCHINSON | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 3115 MARAVILLA | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | FORT PIERCE, FL 34982 | |
| TITLE | | 5.1 TITLE | S+D | ☐ Change ☒ Addition |
| NAME | | 5.2 NAME | JIMMY ANNE NOUESE | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 6421 CITRUS AVE. | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | FORT PIERCE, FL 34982 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

JW

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** William C Brown — 4-14-95 — 407-461-5697
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0070039