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Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001435 (6)

1. Corporation Name

ST. LUCIE COUNTY BABE RUTH LEAGUE, INC.



Principal Place of Business

Mailing Address

~~600 VIRGINIA AVENUE  
STE 7  
FORT PIERCE FL 34902~~1907 S. 28TH ST.  
FT. PIERCE FL 34947-69173. Date Incorporated or Qualified  
03/23/19943a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Varsity Sports Shop

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2306 Okeechobee Rd.

27

City &amp; State

City &amp; State

23 Fort Pierce FL

28

Zip

Country

Zip

Country

24 34950

25 St. Lucie

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, BILLY C  
1907 S. 28TH ST.  
FORT PIERCE FL 34947

81 Name

Billy Brown

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

1907 S. 28th St

83

F

84 City

Ft. Pierce

FL

85 Zip Code

34947

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

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 ☒ DELETENAME O'SHEA, JAMES  
STREET ADDRESS 1354 BAYSHORE DRIVE  
CITY-ST-ZIP FORT PIERCE FL1.1 TITLE Director ☐ Change ☒ Addition1.2 NAME Wilson, Martin Jr  
1.3 STREET ADDRESS 3112 Seneca Ave  
1.4 CITY-ST-ZIP Ft Pierce FL 34946TITLE ~~SO~~ ☐ DELETENAME TROUT, NANETTE  
STREET ADDRESS 2714 PLACID AVE  
CITY-ST-ZIP FT. PIERCE FL2.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD ☒ DELETENAME HUTCHINSON, FRANNIE  
STREET ADDRESS 3115 MARAVILLA  
CITY-ST-ZIP FT. PIERCE FL 349823.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE Sec. Insured ☐ DELETENAME Rhonda Johnson  
STREET ADDRESS 805 E Midway Rd.  
CITY-ST-ZIP Ft Pierce 34982 FL4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE Vice President ☐ DELETENAME Jeff Myers  
STREET ADDRESS 1806 Sunrise Blvd  
CITY-ST-ZIP Ft Pierce FL 349505.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE Director's ☐ DELETENAME Al Johnson  
STREET ADDRESS 1922 Royal Palm Dr.  
CITY-ST-ZIP Ft Pierce FL 349506.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Billy Brown* 2-16-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070782

CR2E037 (9/96)