

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001435 (6)

1. Corporation Name

ST. LUCIE COUNTY BABE RUTH LEAGUE, INC.



Principal Place of Business	Mailing Address
VARSITY SPORTS SHOP 2306 OKEECHOBEE RD FORT PIERCE FL 34950 US	1907 S. 28TH ST. FT. PIERCE FL 34947

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
03/23/1994	65-0570657	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. Is this nonprofit corporation a homeowners association?
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, BILLY 1907 S. 28TH ST. FORT PIERCE FL 34947	81 Name Brown, Billy 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	P/D
NAME	WILSON, MARTIN DR	1.2 NAME	Brown, Billy
STREET ADDRESS	1112 SENECA AVE	1.3 STREET ADDRESS	1907 S. 28th Street
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, FL 34947
TITLE	NAME	2.1 TITLE	VP/D
NAME	TROUT, NANETTE	2.2 NAME	Labigang, Jeff
STREET ADDRESS	2714 PLACID AVE	2.3 STREET ADDRESS	3724 St. Francis Road
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Fort Pierce, FL 34982
TITLE	NAME	3.1 TITLE	T/D
NAME	JOHNSON, RHONDA	3.2 NAME	Cheston, Marrean
STREET ADDRESS	805 E MIDWAY RD	3.3 STREET ADDRESS	2675 Twin Oaks Trail
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	Fort Pierce, FL 34945
TITLE	NAME	4.1 TITLE	
NAME	MYERS, JEF	4.2 NAME	
STREET ADDRESS	1806 SUNRISE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	D
NAME	JOHNSON, AL	5.2 NAME	Lewis, Tom
STREET ADDRESS	1922 ROYAL PALM DR	5.3 STREET ADDRESS	908 Antigua Avenue
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	Fort Pierce, FL 34982
TITLE	NAME	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____

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