

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001435

FILED
Mar 29, 2005
Secretary of State

Entity Name: ST. LUCIE COUNTY BABE RUTH LEAGUE, INC.

Current Principal Place of Business:

125 N.E. SURFSIDE AVENUE
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

125 N.E. SURFSIDE AVENUE
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 65-0570657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRANSCOMB, MARK
125 N.E. SURFSIDE AVENUE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRANSCOMB, MARK
Address: 125 N.E. SURFSIDE AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: VD () Delete
Name: BRANSCOMB, ROB
Address: 2975 MATTHEWS RD.
City-St-Zip: FT. PIERCE, FL 34945

Title: SD () Delete
Name: CASPER, DAWN
Address: 5312 PALMETTO DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: TD () Delete
Name: CORBITT, LINDA
Address: 2832 STONEWAY LN., APT. C
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KEANE, THOMAS C
Address: 2102 SOUTH 26TH ST.
City-St-Zip: FT. PIERCE, FL 34947

Title: SD (X) Change () Addition
Name: KEANE, NANCY L
Address: 2102 SOUTH 26TH ST.
City-St-Zip: FORT PIERCE, FL 34947

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BRANSCOMB

PD

03/29/2005

Electronic Signature of Signing Officer or Director

Date