


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90027 034 ****61.25

DOCUMENT # N95000000467					
1. Entity Name GREATER SEMINOLE BABE RUTH BASEBALL LEAGUE, INC.					
Principal Place of Business 3507 SCOUTOAK LOOP OVIEDO, FL 32765			Mailing Address P.O. BOX 621657 OVIEDO, FL 32762		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3288350	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WIECK, MARLA TRES 3507 SCOUTOAK LOOP OVIEDO, FL 32765				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	P	Delete <input type="checkbox"/>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	SHERIDAN, BILL			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	2976 HUNTERS LN				
CITY-ST-ZIP	OVIEDO, FL 32765				
TITLE	T	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	WIECK, MARLA				
STREET ADDRESS	3507 SCOUTOAK LOOP				
CITY-ST-ZIP	OVIEDO, FL 32765				
TITLE	S	Delete <input checked="" type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	MAXON, DAVID				
STREET ADDRESS	4532 KINGSBRIDGE DR				
CITY-ST-ZIP	OVIEDO, FL 32765				
TITLE	VP	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	DIBERNARDO, DALE				
STREET ADDRESS	1090 ARRINGTON CIR				
CITY-ST-ZIP	OVIEDO, FL 32765				
TITLE	D	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	LABOR, FRED				
STREET ADDRESS	2967 BLUFFTON COVE				
CITY-ST-ZIP	OVIEDO, FL 32765				
TITLE	D	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	WAYT, KAREN				
STREET ADDRESS	2174 INVERNESS COURT				
CITY-ST-ZIP	OVIEDO, FL 32765				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any address, with all other like empowered.					
SIGNATURE <i>Marla M. Wieck</i> MARLA M. WIECK 1-7-07 407-365-3228					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X3500					

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