


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90108 002 ****70.00

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		4. FEI Number 59-3288350	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIECK, MARLA TRES 3507 SCOUTOAK LOOP OVIEDO, FL 32765		7. Name and Address of New Registered Agent 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, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SHERIDAN, BILL STREET ADDRESS 2976 HUNTERS LN CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WIECK, MARLA STREET ADDRESS 3507 SCOUTOAK LOOP CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME JOHNSON, MICHAEL STREET ADDRESS 816 PALMETTO TERRACE CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DIBERNARDO, DALE STREET ADDRESS 1090 ARRINGTON CIR CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete		TITLE WP NAME SELLNOW, SHAWN STREET ADDRESS 3469 FOXTON COURT CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LABOR, FRED STREET ADDRESS 2967 BLUFFTON COVE CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WAYT, KAREN STREET ADDRESS 2174 INVERNESS COURT CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete		TITLE D NAME MILLER, MICHELLE STREET ADDRESS 3570 HOLLOW OAK RUN CITY-ST-ZIP OVIEDO, FL 32766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 an address with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			Date: <i>4/22/08</i> Daytime Phone #: <i>407-489-7261</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					