

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003128

FILED
May 02, 2007
Secretary of State

Entity Name: PALATKA BABE RUTH ASSOCIATION, INC.

Current Principal Place of Business:

8013 ST. JOHNS AVENUE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1252
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3721095 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLMES, DONALD E ESQ
222 NORTH 3RD STREET
PALATKA, FL 32177 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: P () Delete
Name: GARRIS, GREG
Address: 330 PENIEL ROAD
City-St-Zip: PALATKA, FL 32177

Title: VP () Delete
Name: BAGGETT, ALLEN
Address: 130 LATESHA TERRACE
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: GREEN, JULIE
Address: 2205 GILLIS STREET
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: FRIDY, LEE A
Address: 150 CRICKET LANE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEE ANN FRIDY

T

05/02/2007

Electronic Signature of Signing Officer or Director

Date