

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90043 018 ****61.25

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1. Corporation Name

JEFFERSON COUNTY BABE RUTH LEAGUE, INC.

Principal Place of Business

635 S. JEFFERSON ST.
MONTICELLO FL 32344

Mailing Address

635 S. JEFFERSON ST.
MONTICELLO FL 32344



2. Principal Place of Business

21 Rt S Box 5980

Suite, Apt. #, etc.

22 City & State

23 Monticello FL

24 Zip Country

25 32344 U.S.A.

2a. Mailing Address

26 Rt S Box 5980

Suite, Apt. #, etc.

27 City & State

28 Monticello

29 Zip Country

30 32344 U.S.A.

3. Date Incorporated or Qualified

12/16/1997

4. FEI Number

31-1584850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BIRD, T. BUCKINGHAM
220 S. CHERRY ST.
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81 Name

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 *T. Buckingham Bird*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/99
D/A/E

12. OFFICERS AND DIRECTORS

TITLE DP
NAME REGISTER, STEVEN
STREET ADDRESS 655 N. OLIVE ST.
CITY-ST-ZIP MONTICELLO FL 32344
☒ DELETE

TITLE DV
NAME AVERY, WARREN
STREET ADDRESS RT. 5 BOX 5980
CITY-ST-ZIP MONTICELLO FL 32344
☒ DELETE

TITLE DS
NAME WAINRIGHT, DOUG
STREET ADDRESS HATCHETT RD.
CITY-ST-ZIP LAMONT FL 32336
☒ DELETE

TITLE DT
NAME MURPHY, PAT
STREET ADDRESS 635 S. JEFFERSON ST.
CITY-ST-ZIP MONTICELLO FL 32344
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME AVRETT, Warren
1.3 STREET ADDRESS Rt S Box 5980
1.4 CITY-ST-ZIP Monticello FL 32344
☒ Change ☒ Addition

2.1 TITLE DV
2.2 NAME Register, Steven
2.3 STREET ADDRESS 655 N. Olive ST
2.4 CITY-ST-ZIP Monticello, FL 32344
☒ Change ☐ Addition

3.1 TITLE DS/T
3.2 NAME AVRETT, Robin
3.3 STREET ADDRESS Rt S Box 5980
3.4 CITY-ST-ZIP Monticello, FL 32344
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *R. Harris* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

Date

850-386-2114

Daytime Phone #

CR2E037 (11/98)