


FILED
Aug 06, 2008 8:00 am
Secretary of State

60046366

DOCUMENT # N99000002977						08-06-2008 90018 035 *****61.25	
1. Entity Name FERNANDINA BEACH BABE RUTH LEAGUE, INC.							
Principal Place of Business 1001 BEECH ST. FERNANDINA BEACH, FL 32034				Mailing Address P.O. BOX 722 FERNANDINA BEACH, FL 32035			
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	
6. Name and Address of Current Registered Agent LESTER, ANGELA 2119 RUSSELL RD FERNANDINA BEACH, FL 32034				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 September 12, 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 NAME STREET ADDRESS CITY - ST - ZIP	P LESTER, ANGIE 2119 RUSSELL RD FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Roszell, Nancy 451563 State Road 200 Callahan, FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MANNING, MARK 1342 GERBING RD FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Weeks, Rob 85258 Amagansett Drive Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WATERS, TINA 2121 EGRET LANE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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>Angela D. Lester</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				07/16/08 904/277-7305 Date Daytime Phone #			