

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012846

**Entity Name:** SANTA FE BABE RUTH CAL RIPKEN INC.

**Current Principal Place of Business:**

14300 NW 146TH TERRACE  
ALACHUA, FL 32615

**Current Mailing Address:**

PO BOX 1720  
ALACHUA, FL 32616-1720 US

**FEI Number:** 20-3955899

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHINE, KRISTINA  
20906 NW 200TH AVE  
HIGH SPRINGS, FL 32643 US

*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:** KRISTINA SHINE

01/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DT  
Name SHINE, KRISTINA  
Address 1441 SW CR 138  
City-State-Zip: FORT WHITE FL 32038

Title DP  
Name BELL, DANIEL  
Address 25681 NW 168TH PLACE  
City-State-Zip: HIGH SPRINGS FL 32643

Title DS  
Name BECK, SARAH  
Address PO BOX1720  
City-State-Zip: ALACHUA FL 32616

Title DV  
Name SCHENTRUP, MICHAEL  
Address 13651 NW 131ST PLACE  
City-State-Zip: ALACHUA FL 32615

*I hereby 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 all other like empowered.*

**SIGNATURE:** KRISTINA SHINE

**TREASURER**

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date