

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007579

**Entity Name:** SANTA FE BABE RUTH SOFTBALL INC.

**Current Principal Place of Business:**

14300 NW 146 TERRACE  
ALACHUA, FL 32615

**Current Mailing Address:**

PO BOX 0897  
ALACHUA, FL 32616 US

**FEI Number:** 26-3132318

**Certificate of Status Desired:** No

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

BURNHAM, STELLA B  
22202 OLD PROVIDENCE RD  
ALACHUA, FL 32615 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BURNHAM, STELLA  
Address        22202 OLD PROVIDENCE RD  
City-State-Zip: ALACHUA FL 32615

Title           DIRECTOR  
Name           HYLTON, STEPHANIE  
Address        15631 NW CR 231  
City-State-Zip: GAINESVILLE FL 32609

Title           DIRECTOR  
Name           ROBINSON, DOUG  
Address        6615 NW 40TH DR.  
City-State-Zip: GAINESVILLE FL 32653

Title           PRESIDENT  
Name           BURNHAM, LAWRENCE C JR.  
Address        22202 OLD PROVIDENCE RD  
City-State-Zip: ALACHUA FL 32615

Title           SECRETARY  
Name           MARANDA, MARTIN  
Address        PO BOX 0897  
City-State-Zip: ALACHUA FL 32616

Title           VP  
Name           HAYES, STEVEN  
Address        PO BOX 0897  
City-State-Zip: ALACHUA FL 32616

Title           SECRETARY  
Name           MARANDA, MARTIN  
Address        PO BOX 0897  
City-State-Zip: ALACHUA FL 32616

Title           VP  
Name           HAYES, STEVEN  
Address        PO BOX 0897  
City-State-Zip: ALACHUA FL 32616

*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:** STELLA BURNHAM

**TREASURER**

**03/20/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date