

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736547

FILED
Mar 27, 2007
Secretary of State

Entity Name: THE NATIONAL ASSOCIATION OF PROFESSIONAL BASEBALL LEAGUES, INC.

Current Principal Place of Business:

NATL. ASSN. PROF. BASEBALL LEAGUES, INC.
201 BAYSHORE DRIVE, S.E.
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

NATL. ASSN. PROF. BASEBALL LEAGUES, INC.
P.O. BOX A
ST. PETERSBURG, FL 33731 US

New Mailing Address:

FEI Number: 31-4361072 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POLEY, D. SCOTT
201 BAYSHORE DRIVE SE
ST PETERSBURG, FL 33701 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: MOORE, MIKE
Address: 201 BAYSHORE DR. SE
City-St-Zip: ST. PETERSBURG, FL

Title: T () Delete
Name: O'CONNER, PAT
Address: 201 BAYSHORE DR SE
City-St-Zip: ST PETERSBURG, FL

Title: S () Delete
Name: POLEY, D. SCOTT
Address: 201 BAYSHORE DR SE
City-St-Zip: ST PETERSBURG, FL

Title: TR () Delete
Name: TAMBURRO, MIKE
Address: P.O. BOX 2365
City-St-Zip: PAWTUCKET, RI 02861

Title: TR () Delete
Name: FINLEY, JOE
Address: 20 GREAT HILLS RD.
City-St-Zip: NEW HOPE, PA 18938

Title: TR () Delete
Name: CARSON, KEN
Address: 373 DOUGLAS AVE
City-St-Zip: DUNEDIN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: O'CONNER, PAT
Address: 201 BAYSHORE DR SE
City-St-Zip: ST PETERSBURG, FL

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

Title: TR (X) Change () Addition
Name: FINLEY, JOE
Address: 20 GREAT HILLS ROAD
City-St-Zip: NEW HOPE, PA 18938

Title: TR (X) Change () Addition
Name: BERNABE, SAM
Address: ONE LINE DRIVE
City-St-Zip: DES MOINES, IA 50309

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

I hereby certify that the information supplied with this filing does not qualify for the 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: D.SCOTT POLEY

S

03/27/2007

Electronic Signature of Signing Officer or Director

Date