

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736547

FILED
Feb 09, 2012
Secretary of State

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

Current Principal Place of Business:

9550 16TH STREET NORTH
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

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
9550 16TH STREET NORTH
ST PETERSBURG, FL 33716 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
Name: O'CONNER, PAT
Address: 9550 16TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: V
Name: BRUNSWICK, TIM
Address: 9550 16TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33716

Title: VP/S
Name: POLEY, D. SCOTT
Address: 9550 16TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33716

Title: TR
Name: BERNABE, SAM
Address: ONE LINE DRIVE
City-St-Zip: DES MOINES, IA 50309

Title: TR
Name: BAGGOTT, DAVE
Address: 2330 LINCOLN AVENUE
City-St-Zip: OGDEN, UT 84401

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

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: D. SCOTT POLEY

VPS

02/09/2012

Electronic Signature of Signing Officer or Director

Date