

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000000510
 1. Entity Name
 AMERICAN WOMEN'S BASEBALL LEAGUE, INC.



Principal Place of Business Mailing Address
 6411 NE 217TH PLACE POST OFFICE BOX 535
 CITRA, FL 32113 US ORANGE SPRINGS, FL 32182 US



07022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 22-3895307 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BALDWIN, JERI
 6411 NE 217TH PLACE
 CITRA, FL 32113

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000767433
 07/10/07-80005-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLENNIE, JIM
STREET ADDRESS	294 WILLOUGHBY RD
CITY-ST-ZIP	MASON, MI 488549442
TITLE	VP
NAME	BALDWIN, JERI
STREET ADDRESS	6411 NE 217TH PL
CITY-ST-ZIP	CITRA, FL 32113
TITLE	D
NAME	KALINER, STACI
STREET ADDRESS	12900 LAKE AVE #1519
CITY-ST-ZIP	LAKEWOOD, OH 44107
TITLE	D
NAME	STEGEMAN, MARY JO
STREET ADDRESS	7840 N. KOLMAR AVE
CITY-ST-ZIP	SKOKIE, IL 60076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jeri Baldwin 2 July 2007 352-595-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #