


**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 6411 NE 217TH PLACE CITRA, FL 32113 US		Mailing Address POST OFFICE BOX 535 ORANGE SPRINGS, FL 32182 US
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000767433 07/10/07-80005-002 61.25
TITLE	P	DO NOT WRITE IN THIS SPACE
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		
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: <i>Jeri Baldwin</i>		2 July 2007 352-595-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #