

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000510

FILED
Jul 03, 2008
Secretary of State

Entity Name: AMERICAN WOMEN'S BASEBALL LEAGUE, INC.

Current Principal Place of Business:

6411 NE 217TH PLACE
CITRA, FL 32113 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 535
ORANGE SPRINGS, FL 32182 US

New Mailing Address:

FEI Number: 22-3895307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BALDWIN, JERI
6411 NE 217TH PLACE
CITRA, FL 32113 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: GLENNIE, JIM
Address: 294 WILLOUGHBY RD
City-St-Zip: MASON, MI 488549442

Title: VP () Delete
Name: BALDWIN, JERI
Address: 6411 NE 217TH PL
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: KALINER, STACI
Address: 12900 LAKE AVE #1519
City-St-Zip: LAKEWOOD, OH 44107

Title: D () Delete
Name: STEGEMAN, MARY JO
Address: 7840 N. KOLMAR AVE
City-St-Zip: SKOKIE, IL 60076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JERI BALDWIN

MS

07/03/2008

Electronic Signature of Signing Officer or Director

Date