

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23202

FILED
Feb 05, 2009
Secretary of State

Entity Name: MAJOR LEAGUE BASEBALL PLAYERS ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

5027 BACKLICK RD.
ANNANDALE, VA 22003 US

New Principal Place of Business:

1631 MESA DRIVE, SUITE B
COLORADO SPRINGS, CO 80906 US

Current Mailing Address:

5027 BACKLICK RD.
ANNANDALE, VA 22003 US

New Mailing Address:

FEI Number: 52-1276284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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: ROBINSON, BROOKS
Address: 11320 JOHN CARROLL ROAD
City-St-Zip: OWENINGS MILLS, MD 21117

Title: V () Delete
Name: BOONE, BOB
Address: 18571 VILLA DRIVE
City-St-Zip: VILLA PARK, CA 92667

Title: STVC () Delete
Name: VALENTINE, FRED
Address: 4838 BLAGDEN AVE., NW
City-St-Zip: WASHINGTON, DC 20011

Title: V () Delete
Name: BRETT, GEORGE
Address: 2360 GUILFORD LANE
City-St-Zip: SHAWNEE MISSION, KS 66208

Title: D () Delete
Name: HAND, RICH
Address: 9404 BELLECHASE
City-St-Zip: GRANDBURY, TX 76049

Title: AS () Delete
Name: MOORE, SAMUEL N
Address: 5027 BACKLICK ROAD
City-St-Zip: ANNANDALE, VA 22003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: HANNAN, JIM
Address: 1775 'I' STREET, N.W., SUITE 200
City-St-Zip: WASHINGTON, DC 20006

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

Title: D (X) Change () Addition
Name: SANDY, ALDERSON
Address: POST OFFICE BOX 122000
City-St-Zip: SAN DIEGO, CA 92112

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: SAMUEL N. MOORE

AS

02/05/2009

Electronic Signature of Signing Officer or Director

Date