

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23202 (5)
 1. Corporation Name
MAJOR LEAGUE BASEBALL PLAYERS ALUMNI ASSOCIATION, INC.



Principal Place of Business 4838 BLAGDEN AVE. N.W. WASHINGTON DC 20011	Mailing Address 3637 4TH STREET. NORTH SUITE 480 ST. PETERSBURG FL 33704
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/01/1989	3a. Date of Last Report 06/20/1996
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2. Principal Place of Business 21 10 LAKE CIRCLE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 COLORADO SPRINGS, CO	City & State 28
Zip 24 80906-1201	Country 25
Country 25	Zip 29
Country 25	Country 30

4. FEI Number 52-1276284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FOSTER, DANIEL E
3637 4TH STREET NORTH
SUITE 480
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 10 LAKE CIRCLE	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBINSON, BROOKS	
STREET ADDRESS	13 GAVINA	
CITY-ST-ZIP	MONARCH BEACH VA 92629	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOONE, BOB	
STREET ADDRESS	18571 VILLA DR.	
CITY-ST-ZIP	VILLA PARK CA 92687	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VALENTINE, FRED	
STREET ADDRESS	4838 BLAGDEN AVE., NW	
CITY-ST-ZIP	WASHINGTON DC 20011	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRILES, NELLIE	
STREET ADDRESS	1324 CLEARVIEW DR.	
CITY-ST-ZIP	GREENSBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANEY, DARREL	
STREET ADDRESS	3473 SATELLITE BLVD., STE. 200	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAND, RICH	
STREET ADDRESS	752 BELLE CHASE	
CITY-ST-ZIP	GRANDBURY TX 76048	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3801 CANTERBURY RD., APT. 601
1.4 CITY-ST-ZIP	BALTIMORE, MD 21218
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chairman
2.3 STREET ADDRESS	1850 K Street, NW, #900
2.4 CITY-ST-ZIP	Washington, DC 20004
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Greensburg, PA 15601
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3675 Crestwood Parkway #400
5.4 CITY-ST-ZIP	Duluth, GA 30136
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Grandbury, TX 76049
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DANIEL E. FOSTER** 9-19-97 719-477-1870

CR2E037 (497)