


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90067 014 \*\*\*\*61.25

**DOCUMENT # P23202**

1. Entity Name  
**MAJOR LEAGUE BASEBALL PLAYERS ALUMNI ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**4838 BLAGDEN AVENUE, N.W.  
 WASHINGTON, DC 20011 US**      **5027 BACKLICK ROAD  
 ANNANDALE, VA 22003**

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>52-1276284</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TORGUSEN, CHRISTOPHER D  
 33 6TH STREET, SOUTH  
 ST. PETERSBURG, FL 33701**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROBINSON, BROOKS 11320 JOHN CARROLL ROAD OWENINGS MILLS, MD 21117</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BOONE, BOB 18571 VILLA DRIVE VILLA PARK, CA 92667</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STVC VALENTINE, FRED 4838 BLAGDEN AVE., NW WASHINGTON, DC 20011</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRILES, NELLIE 78 LAKEWOOD ROAD GREENSBURG, PA 156019746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRETT, GEORGE 2360 GUILFORD LANE SHAWNEE MISSION, KS 66208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAND, RICH 9404 BELLECHASE GRANDBURY, TX 76049</b>

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12. I 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 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: *Samuel N. Moore* Samuel N. Moore, Asst. Sec., 1/31/05 (703) 941-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #