

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214504995

1.) CORPORATION NAME:

Eastern Women's Baseball Conference

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BONNIE HOFFMAN
11602 VANTAGE HILL RD
#21B**

SCC ID NO: **05523378**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RESTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. Box 464

CITY/ST/ZIP: Leesburg, VA 20178

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BONNIE HOFFMAN				
TITLE:	PRESIDENT				
ADDRESS:	11602 VANTAGE HILL RD				
	#21B				
CITY/ST/ZIP/CO:	RESTON, VA 20190				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	SHELBY RHODES				
TITLE:	VICE PRESIDENT				
ADDRESS:	6134 Wheatland Rd				
CITY/ST/ZIP/CO:	CATONSVILLE, MD 21228				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DAVID FYFE				
TITLE:	TREASURER				
ADDRESS:	8611 VILLAGE WAY				
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GABRIELA RICHEIMER				
TITLE:	SECRETARY				
ADDRESS:	4322 BLAGDEN AVE NW				
CITY/ST/ZIP/CO:	WASHINGTON, DC 20011				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JENNIFER O'KEEFE				
TITLE:	DIRECTOR				
ADDRESS:	3151 KENNEY DR.				
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JAN STREVIG				
TITLE:	DIRECTOR				
ADDRESS:	2920A N. ROLLING RD.				
CITY/ST/ZIP/CO:	BALTIMORE, MD 21244				

NAME:	Jennifer Hammond	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8608 Conover Pl		
CITY/ST/ZIP/CO:	Alexandria, VA 22308		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BONNIE HOFFMAN	BONNIE HOFFMAN, PRESIDENT	1/22/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.