

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:10

DOCUMENT # N00879 (9)
1. Corporation Name
**THE MIDWEST LEAGUE OF PROFESSIONAL BASEBALL CLUB
S. INC.**

Principal Place of Business Mailing Address
2223 ADVANCE DR. 2223 ADVANCE DR.
P. O. BOX 936 P. O. BOX 936
BELOIT WI 53511-2534 BELOIT WI 53511-2534
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1984 3a. Date of Last Report 04/29/1994
4. FEI Number 42-1246059 Applied For Not Applicable
5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 1118 Cranston Road 26 1118 Cranston Rd., P. O. Box 936
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Beloit, WI 28 Beloit, WI
24 Zip 53511 25 Country U.S. 29 Zip 53511 30 Country U.S.

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
WENDEL, JOHN F.
5300 S FLORIDA AVE.
LAKELAND FL 33803

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (type or printed name of registered agent and title if applicable) (DATE Registered Agent signature required when revolving)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELIUS, GEORGE H.	12 NAME	
STREET ADDRESS	2223 ADVANCE DR.	13 STREET ADDRESS	1118 Cranston Road
CITY - ST - ZIP	BELOIT WI	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, C. EDWARD	22 NAME	
STREET ADDRESS	2223 ADVANCE DR.	23 STREET ADDRESS	1118 Cranston Road
CITY - ST - ZIP	BELOIT WI	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUM, RICHARD A.	32 NAME	
STREET ADDRESS	1205 CRANSTON ROAD	33 STREET ADDRESS	1118 Cranston Road
CITY - ST - ZIP	BELOIT WI	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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: George H. Spelius **GEORGE H. SPELIUS** 7-17-95 608-364-1188
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type or Name #)