

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001044

FILED
Jan 30, 2009
Secretary of State

Entity Name: NORTHWEST EVALUTION ASSOCIATION, INCORPORATED

Current Principal Place of Business:

5885 SW MEADOWS ROAD STE 200
LAKE OSWAGO, OR 97035

New Principal Place of Business:

5885 SW MEADOWS ROAD STE 200
LAKE OSWEGO, OR 97035

Current Mailing Address:

5885 SW MEADOWS ROAD STE 200
LAKE OSWAGO, OR 97035

New Mailing Address:

5885 SW MEADOWS ROAD STE 200
LAKE OSWEGO, OR 97035

FEI Number: 93-0686108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: CLARK, LINDA
Address: 911 MERIDIAN STREET
City-St-Zip: MERIDIAN, ID 83642

Title: D () Delete
Name: ANGERERMEYR, JIM
Address: 1350 WEST 106TH STREET
City-St-Zip: BLOOMINGTON, MN 554314126

Title: D () Delete
Name: FIELDING, LYNN
Address: 114 VISTA WAY
City-St-Zip: KENNEWICK, WA 98336

Title: P () Delete
Name: CHAPMAN, MATT
Address: 5885 SW MEADOWS ROAD STE 200
City-St-Zip: LAKE OSWAGO, OR 97035

Title: VS () Delete
Name: STRICKLER, JEFF
Address: 5885 SW MEADOWS ROAD STE 200
City-St-Zip: LAKE OSWAGO, OR 97035

Title: D () Delete
Name: FLICEK, MICHAEL
Address: 907 N GLENN ROAD
City-St-Zip: CASPER, WY 82601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JEFF STRICKLER

VS

01/30/2009

Electronic Signature of Signing Officer or Director

Date