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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

THE NORTHWEST LEAGUE OF PROFESSIONAL BASEBALL CL UBS. INC.

Principal Place of Business Mailing Address P O BOX 848 P.O. BOX 4941 SCOTTSDALE AZ 85261-4941 EUGENE OR 97401 3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1996 05/01/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 93-0453470 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes 🔀 No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARKS, JOHN PAUL 82 Street Address (P.O. Box Number is Not Acceptable) % WENDEL, CHRITTON & PARKS, CHARTERED 83 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) TITLE DFLETE 1.1 TITLE Change ___ Addition Richmond, Robert D. RICHMOND, ROBERT D. NAME 1.2 NAME 11838 N. 12074-H. 8340 E. SAN BENTO STREET ADDRESS 1.3 STREET ADORESS SCOTTSDALE AZ Scottsdale, AZ 85259 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Change 2.1 TITLE ☐ Addition CONNELL, DAVE NAME 2.2 NAME 810 W NOB HILL BLVD STREET ADDRESS 2.3 STREET ADDRESS YAKIMA WA CITY - ST - ZIP 2.4 CITY+ST-ZIP DELETE TITLE 3.1 TITLE Addition NAME BAVASI, ROBERT 3.2 NAME 3105 C HOYT AVE. STREET ADDRESS 3.3 STREET ADDRESS **EVERETT WA** CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE TITLE D٧ 41 TITLE ☐ Change Addition NAME **BEBAN, ROBERT** 4. 2 NAME STREET ADDRESS 2077 WILLAMETTE 4.3 STREET ADDRESS **EUGENE OR** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition BRETT, BOBBY NAME 5.2 NAME 602 N. HAVANA STREET ADDRESS 5.3 STREET ADDRESS **SPOKANE WA** CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change D 6.1 TITLE Addition CAINI, JACK NAME 6.2 NAME 1844 SW MORRISON

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

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

PORTLAND OR 97205

STREET ADDRESS

CITY-ST-ZIP

HUBED

1-06-97

(602)483-8224

FILED

Jan 21 1997 8:00am

Secretary of State