2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N20455

1. Entity Name
THE NORTHWEST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.

Principal Place of Business	Mailing Address
P O BOX 1645 BOISE, ID 83701 US	P O BOX 1645 BOISE, ID 83701 US

DO NOT WRITE IN THIS SPACE

01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 93-0453470 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARKS, JOHN PAUL
% WENDEL, CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813

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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____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	LPT
NAME	RICHMOND, ROBERT D.
STREET ADDRESS	2288 N LONGVIEW DR
CITY-ST-ZIP	BOISE, ID 83702
TITLE	D
NAME	ELLIS, MIKE
STREET ADDRESS	127 PLYMOUTH
CITY-ST-ZIP	IRVINE, CA
TITLE	D
NAME	SPERANDIO, MARK
STREET ADDRESS	9009 WEST MALL DR
CITY-ST-ZIP	EVERETT, WA 98208
TITLE	DV
NAME	BEBAN, ROBERT
STREET ADDRESS	2077 WILLAMETTE
CITY-ST-ZIP	EUGENE, OR
TITLE	D
NAME	BRETT, BOBBY
STREET ADDRESS	602 N. HAVANA
CITY-ST-ZIP	SPOKANE, WA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/09/04 ... 61.25

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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: Robert D. Richmond 1-05-04 (208) 429-1511

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