


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 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      P O BOX 1645  
 BOISE, ID 83701 US      BOISE, ID 83701 US

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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 93-0453470      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, 2005**

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

10. OFFICERS AND DIRECTORS

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

100100183776  
 01/20/05-80004-001 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: [Signature]      Date: 1-03-05      Daytime Phone #: (253)429-1511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR