

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90049 010 ****61.25

DOCUMENT # N20455

1. Entity Name

THE NORTHWEST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.



Principal Place of Business

Mailing Address

910 W MAIN ST
STE 351
BOISE ID 83702
US

P O BOX 1645
BOISE ID 83701
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

93-0453470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Delete
NAME: MCMURRAY, MIKE
STREET ADDRESS: 8 N 2ND ST
CITY- ST- ZIP: YAKIMA WA 98901

TITLE: D Neil Leibman ☒ Change ☐ Addition
NAME: 5600 N. Glenwood St.
STREET ADDRESS: Boise ID 83714
CITY- ST- ZIP: Boise ID 83714

TITLE: D ☒ Delete
NAME: WICK, TOM
STREET ADDRESS: 5600 N GLENWOOD ST
CITY- ST- ZIP: BOISE ID 83714

TITLE: D ☐ Change ☒ Addition
NAME: Jerry Walker
STREET ADDRESS: 6700 Field of Dreams Way NE
CITY- ST- ZIP: Keizer, OR 97307

TITLE: D ☐ Delete
NAME: CARFAGNA, PETER
STREET ADDRESS: 3802 BROADWAY
CITY- ST- ZIP: EVERETT WA 98201

TITLE: D ☐ Change ☒ Addition
NAME: Brent miles
STREET ADDRESS: 6200 Burden Rd.
CITY- ST- ZIP: Pasco, WA 99301

TITLE: DV ☐ Delete
NAME: BEBAN, ROBERT
STREET ADDRESS: 2077 WILLAMETTE
CITY- ST- ZIP: EUGENE OR

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: D ☐ Delete
NAME: BRETT, BOBBY
STREET ADDRESS: 602 N. HAVANA
CITY- ST- ZIP: SPOKANE WA

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: D ☐ Delete
NAME: HERMANN, FRED
STREET ADDRESS: 4601 ONTARIO ST
CITY- ST- ZIP: VANCOUVER BC v5-v3h4

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Richman* Robert Richman

1-18-07

(208) 429-1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #