

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20455

Entity Name: THE NORTHWEST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.**FILED**
Feb 02, 2017
Secretary of State
CC8076420595**Current Principal Place of Business:**140 N. HIGGINS AVE,
#211
MISSOULA, MT 59802**Current Mailing Address:**140 N. HIGGINS AVE,
#211
MISSOULA, MT 59802 US**FEI Number: 93-0453470****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PARKS, JOHN PAUL
% WENDEL, CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813 US*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

Officer/Director Detail :Title D
Name EISEMAN, JEFF
Address 5600 N GLENWOOD ST
City-State-Zip: BOISE ID 83714Title D
Name VOLPE, TOM
Address 3802 BROADWAY
City-State-Zip: EVERETT WA 98201Title D
Name JAKE, KERR
Address 4601 ONTARIO ST.
City-State-Zip: VANCOUVER BRITISH COLUMBIA
V5V 3H4Title DIRECTOR
Name MCMURRAY, MIKE
Address 22115 NW IMBRIE DR.
#223
City-State-Zip: HILLSBORO OR 97124Title D
Name WALKER, JERRY
Address 6100 FIELD OF DREAMS WAY NE
City-State-Zip: KEIZER OR 97307Title D
Name BRETT, BOBBY
Address 602 N. HAVANA
City-State-Zip: SPOKANE WA 99202Title DIRECTOR
Name MILES, BRENT
Address 6200 BURDEN BLVD.
City-State-Zip: PASCO WA 99301Title DIRECTOR
Name ELMORE, DAVE
Address P.O.BOX 10911
City-State-Zip: EUGENE OR 97440**Continues on page 2**

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL C. ELLIS**PRESIDENT****02/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PRESIDENT
Name	ELLIS, MICHAEL
Address	140 N. HIGGINS AVE. #211
City-State-Zip:	MISSOULA MT 59802