



**WASHINGTON**  
**Secretary of State**  
**Corporations & Charities Division**

Filed  
Secretary of State  
State of Washington  
Date Filed: 11/22/2023  
Effective Date: 11/22/2023  
UBI #: 602 599 416

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**THE HERITAGE NETWORK**

UBI Number:

**602 599 416**

Business Type:

**WA NONPROFIT CORPORATION**

Business Status:

**ACTIVE**

Principal Office Street Address:

**700 N WYNNE ST, COLVILLE, WA, 99114-2258, UNITED STATES**

Principal Office Mailing Address:

**PO BOX 25, COLVILLE, WA, 99114-0025, UNITED STATES**

Expiration Date:

**01/31/2025**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**01/26/2006**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**PRESERVES AND PROMOTES HISTORICAL RESOURCES WITH ITS MEMBERSHIP AND REPRESENTATIVE COMMUNITIES.**

### NONPROFIT GROSS REVENUE CERTIFICATION

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Per [RCW 24.03A.960](#) does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? - **Yes**

### NONPROFIT CORPORATION'S EIN

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Nonprofit EIN: **20-3760987**

### REGISTERED AGENT CONSENT

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To change your Registered Agent, please delete the current Registered Agent below.

**Registered Agent Consent (Check One):**

I am the Registered Agent. Use my Contact Information.

I am not the Registered Agent. I declare under penalty of perjury that the WA Nonprofit Corporation has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Nonprofit Corporation must keep the signed consent document in its records, and must produce the document on request.

RCW [23.95.415](#) requires that all businesses in Washington State have a Registered Agent. Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
SUSAN RICHART	700 N WYNNE ST, COLVILLE, WA, 99114-2258, USA	PO BOX 25, COLVILLE, WA, 99114-0025, USA

PRINCIPAL OFFICE

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Phone:

**5096752313**

Email:

**THNTREASURER9@GMAIL.COM**

Street Address:

**700 N WYNNE ST, COLVILLE, WA, 99114-2258, USA**

Mailing Address:

**PO BOX 25, COLVILLE, WA, 99114-0025, USA**

GOVERNORS

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Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JOSEPH	BARRECA
GOVERNOR	INDIVIDUAL		SUSAN B.	RICHART

NATURE OF BUSINESS

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- PRESERVES AND PROMOTES HISTORICAL RESOURCES WITH ITS MEMBERSHIP AND REPRESENTATIVE COMMUNITIES.

REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION

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Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)? - **Yes**

CONTROLLING INTEREST

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1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?  
- **No**
2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?  
- **No**
  - a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?  
- **No**
3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?  
- **No**

You **must** submit a Controlling Interest Transfer Return form if you answered "Yes" to questions 1 and 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

RETURN ADDRESS FOR THIS FILING

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Attention:

**SUSAN RICHART**

Email:

**THNTREASURER9@GMAIL.COM**

Address:

**PO BOX 25, COLVILLE, WA, 99114-0025, USA**

UPLOAD ADDITIONAL DOCUMENTS

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Do you have additional documents to upload? - **No**

EMAIL OPT-IN

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By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

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I am an authorized person.

Person Type:

**ENTITY**

First Name:

**SUSAN**

Last Name:

**RICHART**

Entity Name:

**THE HERITAGE NETWORK**

Title:

**TREASURER**

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.