

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 823746 (3)
1. Corporation Name
NATIONAL PARKS AND CONSERVATION ASSOCIATIONPrincipal Place of Business Mailing Address
1776 MASSACHUSETTS AVENUE. N.W.
WASHINGTON DC 20036 1776 MASSACHUSETTS AVENUE. N.W.
WASHINGTON DC 20036-1904

3. Date Incorporated or Qualified 12/02/1969 3a. Date of Last Report 04/21/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 53-0225165 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 3332481 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD	PRITCHARD, PAUL C	1776 MASSACHUSETTS AVE.	WASHINGTON DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
CT	ROSE, VIRGIL G	1776 MASSACHUSETTS AVE.	WASHINGTON DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
ST	KEER, ROBERT G	1776 MASSACHUSETTS AVE.	WASHINGTON DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
T	AUBRATS, ANTHONY H JR.	1776 MASSACHUSETTS AVE.	WASHINGTON DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
VCT	BLACKBURN, SADIE E	1776 MASS. AVE.	WASHINGTON DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
VCT	GLENN E. HAAS	1776 MASS. AVE.	WASHINGTON DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [Signature] S. KHAJANA 2/18/97 202-223-6722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075208

CR2E037 (9/96)