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Secretary of State

| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 841033 (4)</b><br>1. Corporation Name<br><b>NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                                                                                                                                |                                                                                                                                                                                           |
| Principal Place of Business<br><b>750 FIRST ST NE<br/>S700<br/>WASHINGTON DC 20002-1241</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             | Mailing Address<br><b>750 FIRST ST NE<br/>S700<br/>WASHINGTON DC 20002-4241</b>                                                                                                                |                                                                                                                                                                                           |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29                                                                                                       |                                                                                                                                                                                           |
| 3. Date Incorporated or Qualified<br><b>07/10/1978</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             | 3a. Date of Last Report<br><b>05/01/1996</b>                                                                                                                                                   |                                                                                                                                                                                           |
| 4. FEI Number<br><b>59-1474070</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                         |                                                                                                                                                                                           |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                          |                                                                                                                                                                                           |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                             |                                                                                                                                                                                           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                                                                                                                                |                                                                                                                                                                                           |
| 9. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>PD<br/>ABBOTT, ANN A ACSW<br/>750 FIRST STREET, NE, STE. 700<br/>WASHINGTON DC 20002</b> <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP                                                                                                                             | <b>President<br/>CAYNER, JAY J., ACSW<br/>750 First Street, NE, Ste 700<br/>Washington, DC 20002</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>S<br/>MOORE, JAMESENA<br/>750 FIRST STREET, N.E., STE 700<br/>WASHINGTON DC 20002</b> <input type="checkbox"/> DELETE    | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP                                                                                                                             | <b>Secretary<br/>ALLEN, REVA I., MA, ACSW, LCSW<br/>750 First Street, NE, Ste 700<br/>Washington, DC 20002</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>TD<br/>BAILEY, GARY CISW<br/>750 FIRST ST., NE, STE 700<br/>WASHINGTON DC 20002</b> <input type="checkbox"/> DELETE      | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                                                                                                                             | <b>SEE ATTACHMENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>P<br/>CAYNER, JAY J<br/>17 VALLEY VIEW KNOLL<br/>IOWA CITY IA 20002</b> <input type="checkbox"/> DELETE                  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP                                                                                                                             | <b>Second Vice President<br/>O'NEAL, Mary Ann, MSW, ACSW<br/>750 First Street, NE, Ste 700<br/>Washington, DC 20002</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>FVD<br/>PRATER, GWENDOLYN S<br/>750 1ST ST NE, STE 700<br/>WASHINGTON DC 20002</b> <input type="checkbox"/> DELETE       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SVD<br/>BRANDWEIN, RUTH A<br/>145 CENTERSHORE ROAD<br/>CENTERPORT NY</b> <input type="checkbox"/> DELETE                 | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                                                                                                                             | <b>President Elect<br/>ALLEN, JOSEPHINE A. V., PHD, ACSW<br/>750 First Street, NE, Ste 700<br/>Washington, DC 20002</b> <input type="checkbox"/> Change <input 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: <b>James J. Cayner</b> <b>REQUIRED</b> <b>2/19/97</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075261                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                                                                                                                                |                                                                                                                                                                                           |

CR2E037 (9/96)

July 17, 1996

**NATIONAL ASSOCIATION OF SOCIAL WORKERS  
BOARD OF DIRECTORS  
Officers of The National Board of Directors  
1996-1997**

|                                                                                     |                                                                                                                                                                                                                              |                                                              |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>*Jay J. Cayner</b><br>ACSW, LSW<br><u>President</u> - 1997                       | Assistant Director<br>University of Iowa<br>Hospitals & Clinics<br>Director<br>Social, Patient & Family Services<br><u>Mailing Address</u><br>17 Valleyview Knoll, NE<br>Iowa City, IA 52240<br>E-MAIL: jay-cayner@uiowa.edu | BP: 319356-2207<br>B/FAX: 319356-4545<br>FAX: 319338-7454    |
| <b>*Josephine A. V. Allen</b><br>PhD, ACSW<br><u>President-Elect</u> - 1997         | Associate Professor and Director<br>Baccalaureate Social Work Program<br><u>Mailing Address</u><br>122 Compton Road<br>Ithaca, NY 14850                                                                                      | BP: 607255-1973<br>HP: 607273-3719<br>FAX: 607255-4071       |
| <b>*Gwendolyn Spencer Prater</b><br>DSW, ACSW<br><u>First Vice President</u> - 1997 | Dean<br>School of Social Work<br>Jackson State University<br><u>Mailing Address</u><br>17 Twelve Oaks Place<br>Madison, MS 39110                                                                                             | BP: 601987-4388<br>HP: 601898-0702<br>FAX: 601982-6124       |
| <b>*Mary Ann O'Neal</b><br>MSW, ACSW<br><u>Second Vice President</u> - 1998         | Deputy Chief<br>Mental Health/Social Services<br>Indian Health Service<br>5300 Homestead Road, NE<br>Albuquerque, NM 87110                                                                                                   | BP: 505837-4245<br>HP: 505242-1064<br>FAX: 505837-4231       |
| <b>*Reva I. Allen</b><br>MA, ACSW, LCSW<br><u>Secretary</u> - 1998                  | Research Assistant<br>School of Social Welfare<br>University of Kansas<br><u>Mailing Address</u><br>2428 Redbud Lane, #A<br>Lawrence, KS 66046<br>E-MAIL: revaa@swi.socwel.ukans.edu                                         | BP: 913864-3729<br>HP: 913832-2850<br>FAX: 913864-5277       |
| <b>*Gary Bailey</b><br>MSW, LICSW<br><u>Treasurer</u> - 1997                        | Executive Director<br>Parents' and Children's Services<br>654 Beacon Street<br>Boston, MA 02215                                                                                                                              | BP: 617437-1777 x 301<br>HP: 617266-8524<br>FAX: 617437-6426 |

**Members of the National Board of Directors**  
1996-1997

Diana Waldfogel  
ACSW, LICSW  
Representative - 1999  
Region I  
ME,MA,NH,RI,VT

Lecturer  
Smith College  
School of Social Work  
Mailing Address  
47 Statler Road  
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HP: 617484-3695

Elaine M. Walsh  
DSW, ACSW  
Representative - 1999  
Region II  
CT, New York City

Associate Professor  
Director, Graduate Program  
in Urban Affairs  
Director, Public Service  
Scholar Program  
Hunter College, CUNY  
Dept. of Urban Affairs & Planning  
Mailing Address (7/96 - 9/2/96)  
P.O. Box 453  
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Permanent Mailing Address  
225 East 79th Street, Apt. 13-B  
New York, NY 10021

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HP: 212\861-7464  
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HFAX: 212\861-8246  
\*call first before  
faxing

\*E-MAIL: ewalsh@shiva.hunter.cuny.edu  
\*E-MAIL not operable in summer

Jan L. Hagen  
Ph.D., ACSW  
Representative - 1997  
Region III  
New York State

Professor  
School of Social Welfare  
University at Albany  
State University of New York  
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\*Ruth W. Mayden  
MSS, LSW  
Representative - 1997  
Region IV  
NJ, PA

Dean  
Graduate School of  
Social Work and Social  
Research  
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Gladys Walton Hall  
Ph.D., LICSW  
Representative - 1998  
Region V  
DE,DC,Internat,MD,PR,VI,VA

Associate Professor and  
Chair, Direct Services  
Sequence  
Howard University  
School of Social Work  
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HP: 202\332-9277  
FAX: 202\387-4309

**Member of the National Board of Directors**  
1996-1997

|                                                                                                          |                                                                                                                                                                                          |                                                                                  |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Marcia W. DeSonier<br>ACSW, LCSW<br>Representative - 1998<br><u>Region VI</u><br>AL,FL,GA,MS,NC,SC       | Clinical Coordinator -<br>Cancer Support Services<br>Baptist Hospital<br><u>Mailing Address</u><br>411 S. Florida Blanca St.<br>Pensacola, FL 32501                                      | BP: 904\469-2224<br>HP: 904\435-8422<br>FAX: 904\469-7121                        |
| Gayle J. Cox<br>Ph.D., CCSW<br>Representative - 1997<br><u>Region VII</u><br>IN,KY,OH,TN,WV              | Associate Professor<br>School of Social Work<br>Indiana University<br><u>Mailing Address</u><br>5205 Lancelot Drive<br>Indianapolis, IN 46208                                            | BP: 317\274-6709<br>HP: 317\297-1396<br>FAX: 317\274-8630                        |
| *Sandra J. McCormick<br>ACSW, MHA<br>Representative - 1997<br><u>Region VIII</u><br>MI,WI                | Vice President<br>Community, Regional Health<br>and Development<br>Lutheran Hospital-LaCrosse<br>1910 South Avenue<br>La Crosse, WI 54601<br>E-MAIL: 71075.1173 @compuserve.com          | BP: 608\785-0530<br>HP: 608\785-1212<br>BFAX: 608\791-6334<br>HFAX: 608\784-2230 |
| Veronica A. Coleman<br>ACSW, LCSW<br>Representative - 1997<br><u>Region IX</u><br>IL,IA                  | Coordinator<br>Training Partnership<br>School of Social Work<br>University of Illinois<br>at Urbana/Champaign<br><u>Mailing Address</u><br>2919 E. 78th Street<br>Chicago, IL 60649-4801 | BP: 312\814-6835<br>HP: 312\933-1615<br>FAX: 312\814-5986                        |
| Laura Winchester<br>ACSW, LSW<br>Representative - 1999<br><u>Region X</u><br>AR,KS,MN,MO,NE,ND,OK,<br>SD | Clinical Coordinator<br>Mental Health Service<br>Integris Southwest Medical Center<br>1021 Blue Ridge Drive<br>Edmond, OK 73003                                                          | BP: 405\691-4045<br>HP: 405\330-2141<br>FAX: 405\692-8897                        |
| Connie Calkin<br>Ph.D., ACSW<br>Representative - 1998<br><u>Region XI</u><br>AZ,CO,LA,NM,TX              | Director of Field Education<br>University of Denver<br>Graduate School of<br>Social Work<br><u>Mailing Address</u><br>25200 Village Circle<br>Golden, CO 80401                           | BP: 303\871-2863<br>HP: 303\526-0711<br>FAX: 303\871-2845                        |

**Member of the National Board of Directors**  
**1996-1997**

\*Gayla Maxfield  
ACSW, LCSW  
Representative - 1998  
Region XII  
AK, HI, ID, MT, NV, OR, UT,  
WA, WY, Northern CA

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The Casey Family Program  
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Janet Schulman  
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Region XIII  
Central/Southern California

Executive Director  
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FAX: 213\933-6685

Robert Showers  
BSW  
Member-at-Large - 1999

Program Manager  
Louisiana Dept. of Health  
& Hospitals  
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Homer Rahn-Lopez  
MSW  
Member-at-Large - 1997

Director of Prevention Services  
Mass. Dept. of Public Hlth.  
Bureau of Substance Abuse  
Services  
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HP: 617\288-2587  
FAX: 617\624-5185

\*Mark G. Battle  
ACSW, LCSW  
Member-at-Large - 1998

Visiting Professor  
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School of Social Work  
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HP: 301\595-0395  
FAX: 410\706-6046  
HFAX: 301\931-0804

Shelly Wimpfheimer  
DSW, ACSW  
Member-at-Large - 1998

Director  
Bergen County Division  
of Family Guidance  
Mailing Address  
6 The Glen  
Tenafly, NJ 07670

BP: 201\646-2465  
HP: 201\569-2763  
FAX: 201\646-2494

Robin Lorraine Velasquez, BSW  
BSW Student Member - 1997

501 East Cherry Avenue  
Flagstaff, AZ 86001

BP: 520\523-3430  
HP: 520\773-7718  
FAX: 520\523-2300

**Member of the National Board of Directors**  
**1996-1997**

**Becky TerHark**  
**BSW**  
**MSW Student Member - 1999**

**Juvenile Court School Liaison**  
**Eagle Grove School District**  
**521 7th Avenue, NE**  
**Clarion, IA 50525**  
**E-MAIL: rterhark@aol.com**

**HP: 515/532-6901**  
**FAX: 515/448-5527**

**\*Executive Committee Members**

**\*Revisions to Board roster are in bold type.**