

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 17 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 841033 (4)
1. Corporation Name

NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC.



| | |
|---|---|
| Principal Place of Business 750 FIRST ST NE S700 WASHINGTON DC 20002-1241 | Mailing Address 750 FIRST ST NE S700 WASHINGTON DC 20002-1241 |
|---|---|

| |
|--|
| 3. Date Incorporated or Qualified 07/10/1978 |
| 4. FEI Number 59-1474070 |
| Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| |
|---|
| 81 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAYNER, JAY 750 FIRST STREET, NE, STE. 700 WASHINGTON DC | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Josephine A.V. Allen |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALLEN, REVA I A 750 FIRST STREET, N.E., STE 700 WASHINGTON DC | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BAILEY, GARY CISW 750 FIRST ST., NE, STE 700 WASHINGTON DC 20002 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carole Mae Olson |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP O'NEAL, MARY ANN MSW 750 FIRST ST, NE STE 700 WASHINGTON DC | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Ann O'Neal |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FVD PRATER, GWENDOLYN S 750 1ST ST NE, STE 700 WASHINGTON DC 20002 | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Veronica A. Coleman |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PE ALLEN, JOSEPHINE A. V P ACSW 750 FIRST ST, NE STE 700 WASHINGTON DC | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Josephine A.V. Allen* **1-24/98** **202-336-8216**

CR2E037 (10/97)

July 18, 1997

**NATIONAL ASSOCIATION OF SOCIAL WORKERS
BOARD OF DIRECTORS
Officers of The National Board of Directors
1997-1998**

| | | |
|---|--|---|
| *Josephine A. V. Allen PhD, ACSW <u>President</u> - 1999 | Associate Professor and Director Baccalaureate Social Work Program Cornell University <u>Mailing Address</u> 122 Compton Road Ithaca, NY 14850 E-Mail: jaa7@cornell.edu | BP: 607\255-1973 HP: 607\273-3719 FAX: 607\255-4071 |
| *Veronica A. Coleman ACSW, LICSW <u>First Vice President</u> - 1999 | Coordinator Training Partnership School of Social Work University of Illinois at Urbana/Champaign <u>Mailing Address</u> 2919 E. 78th Street Chicago, IL 60649-4801 | BP: 312\814-6835 HP: 773\933-1615 FAX: 312\814-5986 |
| *Mary Ann O'Neal MSW, ACSW <u>Second Vice President</u> - 1998 | Deputy Chief Mental Health/Social Services Indian Health Service 5300 Homestead Road, NE Allbuquerque, NM 87110 | BP: 505\248-4245 HP: 505\242-1064 FAX: 505\248-4257 |
| *Reva I. Allen MA, ACSW, LCSW <u>Secretary</u> - 1998 | Research Analyst II Institute for Social & Economic Development <u>Mailing Address</u> 1925 I Street Iowa City, IA 52240 E-MAIL: rallen@ised.org | BP: 319\338-2331 HP: 319\354-8688 FAX: 319\338-5824 |
| *Carole Mae Olson ACSW, LICSW <u>Treasurer</u> - 1999 | Executive Director Episcopal Community Services <u>Mailing Address</u> 1201 Yale Place, #2007 Minneapolis, MN 55403 | BP: 612\874-8823 HP: 612\340-1105 FAX: 612\874-9802 |

Members of the National Board of Directors (cont.)
1997-1998

Marcia W. DeSonier
ACSW, LCSW
Representative - 1998
Region VI
AL,FL,GA,MS,NC,SC

Clinical Coordinator -
Cancer Support Services
Baptist Hospital
Mailing Address
411 S. Florida Blanca St.
Pensacola, FL 32501

BP: 850\469-2224
HP: 850\435-8422
FAX: 850\469-7121

Saundra H. Starks
ACSW, LCSW, BCD
Representative - 2000
Region VII
IN,KY,OH,TN,WV

Clinical Social Work Instructor
Western Kentucky University &
Partner-Bower, Starks, Reeves & Associates
Mailing Address
2432 Tam O'Shanter
Bowling Green, KY 42104

BP: 502\745-5049 (WKU)
BP: 502\842-0029 (BSRA)
HP: 502\782-3819
FAX: 502\782-8875

Carol Seacord
MSW, ACSW
Representative - 2000
Region VIII
MI, WI

Owner/Private Practitioner
Rosen, Seacord, Ash Associates
Mailing Address
306 Allerton, SE
Grand Rapids, MI 49506

BP: 616\942-0003
HP: 616\245-0725
FAX: 616\942-1401

Greg V. Jensen
ACSW, LISW
Representative - 2000
Region IX
IL, IA

Director, Department of Social
Service
University of Iowa Hospitals & Clinics
C-124 GH
Iowa City, IA 52246
E-MAIL: gregory-jensen@uiowa.edu

BP: 319\356-7122
HP: 319\351-7317
FAX: 319\353-6083

Laura Winchester
ACSW, LSW
Representative - 1999
Region X
AR,KS,MN,MO,NE,ND,OK,
SD

Clinical Coordinator
Mental Health Service
Integris Southwest Medical Center
1021 Blue Ridge Drive
Edmond, OK 73003
E-Mail: lauralou@ionet.net

BP: 405\691-4045
HP: 405\330-2141
FAX: 405\692-8897

Connie Calkin
Ph.D., ACSW
Representative - 1998
Region XI
AZ,CO,LA,NM,TX

Director of Field Education
University of Denver
Graduate School of
Social Work
Mailing Address
25200 Village Circle
Golden, CO 80401

BP: 303\871-2863
HP: 303\526-0711
FAX: 303\871-2845

Members of the National Board of Directors (cont)
1997-1998

Becky TerHark, MSW
MSW Student Member - 1998

Family Therapist
Hamilton County Youth & Family Center
321 Second Street
Webster City, IA 50595
E-MAIL: rterhark@aol.com

HP: 515/532-6901
BP: 515/832-1061
FAX: 515/832-1070

***Executive Committee Members**

****DianaWaldfoegel fax: When faxing to her, please call first. This is a commercial fax number at The Write Source. To verify receipt of fax, call The Write Source at 617/484-8173. Please remember to inform Diana of faxes that are forthcoming. The Write Source will not call her.**

*****Diane Falk Fax: Home fax number is preferred; if no answer, use business fax number.**

Revisions to Board roster are in bold type.