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Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852718 (6)
1. Corporation Name
NATIONAL PSORIASIS FOUNDATION, INC.

FOUNDATION



Principal Place of Business Mailing Address
6600 SW 92 AVE 6600 SW 92 AVE
S300 S300
PORTLAND OR 97223 PORTLAND OR 97223-7142
US US

3. Date Incorporated or Qualified 04/27/1982 3a. Date of Last Report 01/31/1996
4. FEI Number 93-0571472 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D
NAME	BARTON, THOMAS	1.2 NAME	
STREET ADDRESS	13633 BARTON CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS HILLS CA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V/D
NAME	GILBERT, TOM	2.2 NAME	
STREET ADDRESS	390 BELLAIRE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOMFIELD CO	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S/D
NAME	CHEVERES DE MUMMEY, CARMEN	3.2 NAME	
STREET ADDRESS	396 CAMINO DE CELESTE	3.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T/D
NAME	WOHLBERG, SETH	4.2 NAME	
STREET ADDRESS	121 HOLMES AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT	4.4 CITY-ST-ZIP	
TITLE	ED	5.1 TITLE	MD
NAME	ZIMMERMAN, GAIL M	5.2 NAME	
STREET ADDRESS	6600 SW 92 AVE S300	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BECKER, BOB	6.2 NAME	
STREET ADDRESS	N6051 HIGHWAY P	6.3 STREET ADDRESS	
CITY-ST-ZIP	HELENVILLE WI	6.4 CITY-ST-ZIP	

DELETE Change 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.

GAIL M. ZIMMERMAN

CR2E037 (9/96)