

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000000142 (9)

1. Corporation Name  
**THE NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE FOUNDATION, INC.**



Principal Place of Business Mailing Address  
 1156 - 15TH STREET NW. STE. 700 WASHINGTON DC 20005  
 1156 - 15TH STREET NW. STE. 700 WASHINGTON DC 20005

3. Date Incorporated or Qualified **01/10/1994** 3a. Date of Last Report **04/05/1995**  
 4. FEI Number **52-1100361** 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 Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1311 EXECUTIVE CENTER DR.  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CD YOUNG, ALMA T</b>	1.2 NAME	<b>VCD Pat Rosenwald</b>
STREET ADDRESS	<b>241 EAST 76TH STREET</b>	1.3 STREET ADDRESS	<b>944 Fifth Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	1.4 CITY-ST-ZIP	<b>New York, N.Y. 10021</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>MB</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD LOVE, MARCENA W</b>	2.2 NAME	<b>Crowe, Irene W.</b>
STREET ADDRESS	<b>1175 PELHAM RD.</b>	2.3 STREET ADDRESS	<b>3520 Leland Street</b>
CITY-ST-ZIP	<b>WINNETKA IL 60093</b>	2.4 CITY-ST-ZIP	<b>Chevy Chase, MD 20815</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>MB</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VCD CROWE, IRENE W</b>	3.2 NAME	<b>Barbara Kepper</b>
STREET ADDRESS	<b>3520 LELAND ST.</b>	3.3 STREET ADDRESS	<b>1200 N. North Branch</b>
CITY-ST-ZIP	<b>CHEVY CHASE MD 20815</b>	3.4 CITY-ST-ZIP	<b>Chicago, IL 60622</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MB MILLIKEN, HELEN</b>	4.2 NAME	
STREET ADDRESS	<b>6103 PENINSULA DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRAVERSE CITY MI 49684</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MB PENCKE, CAROL T</b>	5.2 NAME	
STREET ADDRESS	<b>5925 UPLAND TERRACE SO.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEATTLE WA 98118</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MB YAKE, STANLEY</b>	6.2 NAME	
STREET ADDRESS	<b>10 FERRY DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REXFORD NY 12148</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kate Michelson Date: 8-15-96 Daytime Phone #: 202 973 3000  
 SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (3/96)