

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:42

DOCUMENT # F94000000887 (9)

1. Corporation Name

NATIONAL ABORTION RIGHTS ACTION LEAGUE, INC.

Principal Place of Business

Mailing Address

1156 15TH STREET, NW
WASHINGTON DC 20005

1156 15TH STREET, NW
WASHINGTON DC 20005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/22/1994

4. FEI Number

Applied For

13-2630359

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Tax Exempt Status Fee Not Required

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1311 EXECUTIVE CENTER DRIVE
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MICHELMAN, KATE
STREET ADDRESS	1156 15TH STREET NW
CITY-ST-ZIP	WASHINGTON DC 20005
TITLE	C
NAME	PENCKE, CAROL T
STREET ADDRESS	5925 UPLAND TERRACE SO.
CITY-ST-ZIP	SEATTLE WA 98118
TITLE	AT
NAME	MONTAGUE, KENNETH C JR/DEL
STREET ADDRESS	LOWE HOUSE OFFICE BLDG, ROOM 301
CITY-ST-ZIP	ANNAPOLIS MD 21401
TITLE	T
NAME	SHAW, MELONEASE
STREET ADDRESS	1817 JFK BOULEVARD #565
CITY-ST-ZIP	PHILADELPHIA PA 19103
TITLE	VC
NAME	BUCKLEY, JILL
STREET ADDRESS	3347 QUESEDA STREET NW
CITY-ST-ZIP	WASHINGTON DC 20015
TITLE	MOB
NAME	ARIAS, RAQUEL D MD
STREET ADDRESS	1240 N. MISSION ROAD, ROOM L1009
CITY-ST-ZIP	LOS ANGELES CA 90033

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 1 (10.07(3)(b), 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 Michelman

2-28-95

(202) 9733058

PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number