

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 # F9400000887 (9)
 1. Corporation Name

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE, INC.



Principal Place of Business: 1156 15TH STREET, NW WASHINGTON DC 20005
 Mailing Address: 1156 15TH STREET, NW WASHINGTON DC 20005

3. Date Incorporated or Qualified: 02/22/1994
 3a. Date of Last Report: 03/07/1995

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

4. FEI Number	Applied For
13-2630359	<input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1311 EXECUTIVE CENTER DRIVE
 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

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	P MICHELMAN, KATE 1156 15TH STREET NW WASHINGTON DC 20005 CITY-ST-ZIP	1.1 TITLE	C Melonease Shaw 1617 J.F.K. Blvd., #565 Philadelphia, PA 19106
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	C PENCKE, CAROL T 5925 UPLAND TERRACE SO. SEATTLE WA 98118 CITY-ST-ZIP	2.1 TITLE	AT Melinda S. Rider 201 S. Chapin Street South Bend, IN 46601
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AT MONTAGUE, KENNETH C JR/DEL LOWE HOUSE OFFICE BLDG, ROOM 301 ANNAPOLIS MD 21401 CITY-ST-ZIP	3.1 TITLE	VC Barbara Silby 10812 Pleasant Hill Drive Potomac, MD 20854
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T SHAW, MELONEASE 1617 JFK BOULEVARD #565 PHILADELPHIA PA 19103 CITY-ST-ZIP	4.1 TITLE	S Hannan Rosenthal 222 State Street Madison, WI 53701
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VC BUCKLEY, JILL 3347 QUESEDA STREET NW WASHINGTON DC 20015 CITY-ST-ZIP	5.1 TITLE	T Montague, Kenneth C. Jr./Del Lowe House Office Bldg, Room 301 Annapolis, MD 21401
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	MOB ARIAS, RAQUEL D MD 1240 N. MISSION ROAD, ROOM L1009 LOS ANGELES CA 90033 CITY-ST-ZIP	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96 (202) 973-3000
 Date Daytime Phone #

CR2E037 (3/96)