

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90002 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000000887**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/22/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-2630359	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

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	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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHELMAN, KATE		1.2 NAME		
STREET ADDRESS	1156 15TH ST NW, STE 700		1.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20005		1.4 CITY-ST-ZIP		
TITLE	BCD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGLE, MARY JANE		2.2 NAME		
STREET ADDRESS	1156 15TH ST, NW STE 700		2.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20005		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDER, MELINDA S		3.2 NAME	Henry, G. Angela	
STREET ADDRESS	1156 15TH ST NW, STE 700		3.3 STREET ADDRESS	1156 15th Street NW, STE 700	
CITY-ST-ZIP	WASHINGTON DC 20005		3.4 CITY-ST-ZIP	Washington, DC 20005	
TITLE	VCD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, SALLY J		4.2 NAME		
STREET ADDRESS	1156 15TH ST N W, STE 700		4.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20005		4.4 CITY-ST-ZIP		
TITLE	ATD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, G ANGELA		5.2 NAME	Rhome, Rom	
STREET ADDRESS	1156 15TH ST N W, STE 700		5.3 STREET ADDRESS	1156 15th St. NW, Ste 700	
CITY-ST-ZIP	WASHINGTON DC 20005		5.4 CITY-ST-ZIP	Washington, DC 20005	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLANE, SUSAN S		6.2 NAME	Dellinger, Anne	
STREET ADDRESS	1156 15TH ST N W, STE 700		6.3 STREET ADDRESS	1156 15th St. NW, Ste 700	
CITY-ST-ZIP	WASHINGTON FL 20005		6.4 CITY-ST-ZIP	Washington, DC 20005	

14. I 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, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* 7/6/99 (202) 973-3012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)