

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

**APPROVED
AND
FILED**

95 APR -7 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P38361 (2)
1. Corporation Name
THE NATIONAL COUNCIL ON PROBLEM GAMBLING, INC.

Principal Place of Business Mailing Address
445 WEST 59TH STREET NEW YORK NY 10019 **445 WEST 59TH STREET NEW YORK NY 10019 US**

DO NOT WRITE IN THIS SPACE

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 25 29 30

3. Date Incorporated or Qualified **04/08/1992** 3a. Date of Last Report **04/27/1994**
4. FEI Number **51-0141872** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ASHE, PAUL R., J.D.
249 SPRINGSIDE RD
LONGWOOD FL 32779**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GEORGE, BETTY
STREET ADDRESS	702 TORREY BLDG, 314 W SUPERIOR STR
CITY - ST - ZIP	DULUTH MN
TITLE	DV
NAME	FRANKLIN, JOANNA
STREET ADDRESS	503 MARYLAND AVE
CITY - ST - ZIP	BALTIMORE MD
TITLE	DP
NAME	ASHE, PAUL R
STREET ADDRESS	249 SPRINGSIDE RD
CITY - ST - ZIP	LONGWOOD FL
TITLE	S
NAME	COX, JOAN
STREET ADDRESS	700 BRIDGE ST
CITY - ST - ZIP	MONT CLARE PA
TITLE	DT
NAME	THOMS, DONALD
STREET ADDRESS	168 RAVENHURST AVE.
CITY - ST - ZIP	STATEN ISLAND NY
TITLE	DVP
NAME	JACOBS, DURAND F P
STREET ADDRESS	432 E CRESCENT AVE
CITY - ST - ZIP	REDLANDS CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600001452126
1.3 STREET ADDRESS	-04/10/95--01044--016
1.4 CITY - ST - ZIP	*****70.00 *****70.00
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	T.S. 4/2/95
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 110.07(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: Paul R. Ashe DATE: 3/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Please)