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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38361 (2)
1. Corporation Name
THE NATIONAL COUNCIL ON PROBLEM GAMBLING, INC.



Principal Place of Business 10025 GOV. WARFIELD PKWY STE 311 COLUMBIA MD 21044	Mailing Address 10025 GOV. WARFIELD PKWY STE 311 COLUMBIA MD 21044-3330
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3. Date Incorporated or Qualified 04/08/1992	3a. Date of Last Report 10/18/1996
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2. Principal Place of Business 21 10025 Gov. Warfield Pkwy Suite, Apt. #, etc. 22 Ste 311 City & State 23 Columbia MD Zip 24 21044	2a. Mailing Address 26 10025 Gov. Warfield Pkwy Suite, Apt. #, etc. 27 Ste 311 City & State 28 Columbia, MD Zip 29 21044	Country 25 USA	Country 30 USA
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4. FEI Number 51-0141872	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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
**FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC
1180 SPRING CENTER SOUTH BLVD
STE 390
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, BETTY	
STREET ADDRESS	702 TORREY BLDG, 314 W SUPERIOR STR	
CITY-ST-ZIP	DULUTH MN 55802	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	FRANKLIN, JOANNA	
STREET ADDRESS	10025 GOV. WARFIELD PKWY	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	ASHE, PAUL R	
STREET ADDRESS	1180 SPRING CENTER SOUTH BLVD.,390	
CITY-ST-ZIP	LONGWOOD FL 32714	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COX, JOAN	
STREET ADDRESS	700 BRIDGE ST	
CITY-ST-ZIP	MONT CLARE PA 19453	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMS, DONALD	
STREET ADDRESS	188 RAVENHURST AVE.	
CITY-ST-ZIP	STATEN ISLAND NY 10310	
TITLE	IVP	<input type="checkbox"/> DELETE
NAME	JACOBS, DURAND F P	
STREET ADDRESS	432 E CRESCENT AVE	
CITY-ST-ZIP	REDLANDS CA 92373	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	Exec. Vice President - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Franklin, Joanna
2.3 STREET ADDRESS	10025 Gov. Warfield Pkwy, Ste 311
2.4 CITY-ST-ZIP	Columbia, MD 21044
3.1 TITLE	President/Chairman - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ashe, Paul R.
3.3 STREET ADDRESS	1180 Spring Center South Blvd, 390
3.4 CITY-ST-ZIP	Longwood, FL 32714
4.1 TITLE	Treasurer - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cox, Joan
4.3 STREET ADDRESS	700 Bridge St.
4.4 CITY-ST-ZIP	Mont Clare, PA 19453
5.1 TITLE	Secretary/Vice President - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marvin Steinberg
5.3 STREET ADDRESS	15 Broad St.
5.4 CITY-ST-ZIP	New London, Ct. 06320
6.1 TITLE	1st Vice President - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jacobs, Durand, F. P.
6.3 STREET ADDRESS	432 E. Crescent Ave.
6.4 CITY-ST-ZIP	Redlands, CA 92373

14. I do 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.

SIGNATURE _____

CR2E037 (9/96)