


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US	Mailing Address 10025 GOV WARFIELD PKWY STE 311 COLUMBIA MD 21044 US
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3. Date Incorporated or Qualified
04/08/1992

4. FEI Number
51-0141872

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	EVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JOANNA	1.2 NAME	
STREET ADDRESS	10025 GOV WARFIELD PKWY STE 311	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	1.4 CITY-ST-ZIP	
TITLE	PC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHE, PAUL R	2.2 NAME	
STREET ADDRESS	1180 SPRING CENTER SOUTH BLVD.,390	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32714	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JOAN	3.2 NAME	S/T Elizabeth Pertzoff
STREET ADDRESS	700 BRIDGE ST	3.3 STREET ADDRESS	100 W 10th St. Ste 303
CITY-ST-ZIP	MONT CLARE PA 19453	3.4 CITY-ST-ZIP	Wilmington, DE 19801
TITLE	SVPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN STEINBERG	4.2 NAME	
STREET ADDRESS	15 BROAD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DURAND F P	5.2 NAME	
STREET ADDRESS	432 E CRESCENT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	REDLANDS CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* SIGNATURE REQUIRED

CF2E037 (10/97)