

FILE NOW: FILING FEE IS \$61.25

pg. 1 of 4

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38991 (6)
 1. Corporation Name
NATIONAL RECREATION AND PARK ASSOCIATION, INC.



Principal Place of Business 2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206	Mailing Address 2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206
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3. Date Incorporated or Qualified 05/28/1992	3a. Date of Last Report 03/08/1995
4. FEI Number 13-5563001	Applied For <input type="checkbox"/> Not Applicable
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	

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

9. Name and Address of Current Registered Agent

**MAINELLA, FRAN P
 881 MADERIA CIRCLE
 806 EXAMINSON X
 TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	500001753715
83	-03/22/96--01012--001
84 City	***70.00
85 Zip Code	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	BRANDES, BEVERLY D
STREET ADDRESS	138 COLDSTREAM DR
CITY-ST-ZIP	COLUMBIA SC
TITLE	VC <input type="checkbox"/> DELETE
NAME	SEGURA, PERRY J
STREET ADDRESS	1805 CENTER STREET
CITY-ST-ZIP	NEW IBERIA LA
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	KUTSKA, KENNETH S
STREET ADDRESS	1754 SEVE GABLES DR
CITY-ST-ZIP	WHEATON IL
TITLE	T <input type="checkbox"/> DELETE
NAME	NOCHE, P MARTIN
STREET ADDRESS	10327 GODDARD
CITY-ST-ZIP	OVERLAND PARK KA
TITLE	P <input type="checkbox"/> DELETE
NAME	GAYNOR, DOUGLAS
STREET ADDRESS	PO BOX 642 N/A
CITY-ST-ZIP	MODESTO CA
TITLE	S <input type="checkbox"/> DELETE
NAME	CONKEY, ALICE
STREET ADDRESS	1500 MERRIMAC DR
CITY-ST-ZIP	HYATTSVILLE MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'Brien, Eric
1.3 STREET ADDRESS	120 Phillip MA St 02052
1.4 CITY-ST-ZIP	Medfield, MA 02052
2.1 TITLE	VC <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Segura, Perry J
2.3 STREET ADDRESS	1805 Center Street
2.4 CITY-ST-ZIP	New Iberia, LA
3.1 TITLE	President-Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mainella, Fran P
3.3 STREET ADDRESS	881 Maderia Circle
3.4 CITY-ST-ZIP	Tallahassee, FL 32312
4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nohe, P. Martin
4.3 STREET ADDRESS	10327 Goddard
4.4 CITY-ST-ZIP	Overland Park, KS
5.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gaynor, Douglas
5.3 STREET ADDRESS	PO Box 642
5.4 CITY-ST-ZIP	Modesto, CA
6.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Conkey, Alice
6.3 STREET ADDRESS	1500 Merrimac Drive
6.4 CITY-ST-ZIP	Hyattsville, MD

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: *Alice Conkey* Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96
 Date Daytime Phone #

CP2E037 (12/95)

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Idaho Foundation for Parks
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Carl Must
Executive Director
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pg. 3 of 4

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pg 4 of 4

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