

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P38991 (6)**  
1. Corporation Name  
**NATIONAL RECREATION AND PARK ASSOCIATION, INC.**



Principal Place of Business <b>2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206</b>	Mailing Address <b>2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206-2236</b>
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/28/1992</b>	3a. Date of Last Report <b>03/21/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>13-5563001</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

<b>MAINELLA, FRAN P 881 MADERIA CIRCLE TALLAHASSEE FL 32312</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CT</b> <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, ERIC</b>	1.2 NAME	<b>O'Brien, Eric</b>
STREET ADDRESS	<b>120 PHILIP STREET</b>	1.3 STREET ADDRESS	<b>120 Philip Street</b>
CITY-ST-ZIP	<b>MEDFIELD MA 02052</b>	1.4 CITY-ST-ZIP	<b>Medfield, MA 02052</b>
TITLE	<b>VC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEGURA, PERRY J</b>	2.2 NAME	<b>Wilkinson, R. I. T</b>
STREET ADDRESS	<b>1085 CENTER STREET</b>	2.3 STREET ADDRESS	<b>4902 Park Hollow Drive</b>
CITY-ST-ZIP	<b>NEW IBERIA LA</b>	2.4 CITY-ST-ZIP	<b>Baton Rouge, LA 70816</b>
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>PE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAINELLA, FRAN P</b>	3.2 NAME	<b>Jarvi, Christopher K.</b>
STREET ADDRESS	<b>881 MADERIA CIRCLE</b>	3.3 STREET ADDRESS	<b>1716 Beechwood</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	3.4 CITY-ST-ZIP	<b>Fullerton, CA 92635</b>
TITLE	<b>T Nohe</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOCKIE, P MARTIN</b>	4.2 NAME	<b>Nohe, P. Martin</b>
STREET ADDRESS	<b>10327 GODDARD</b>	4.3 STREET ADDRESS	<b>10327 Goddard</b>
CITY-ST-ZIP	<b>OVERLAND PARK KA</b>	4.4 CITY-ST-ZIP	<b>Overland Park, KS 66210</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GAYNOR, DOUGLAS</b>	5.2 NAME	<b>Mainella, Fran P.</b>
STREET ADDRESS	<b>PO BOX 642 N/A</b>	5.3 STREET ADDRESS	<b>881 Maderia Circle</b>
CITY-ST-ZIP	<b>MODESTO CA</b>	5.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONKEY, ALICE</b>	6.2 NAME	<b>Anderson, Judith</b>
STREET ADDRESS	<b>1500 MERRIMAC DR</b>	6.3 STREET ADDRESS	<b>9125 W. Bush Lake, Minneapolis, MN</b>
CITY-ST-ZIP	<b>HYATTSVILLE MD</b>	6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ President 1-7-97

CR2E037 (9/96)