

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 04 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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|---|---|
| Principal Place of Business 2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206 | Mailing Address 2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/28/1992 | |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | | | |
|---|-------------------------|--|------------------------------|---------------------------|---|-------------------------|--|------------------------------|---------------------------|
| 21. Principal Place of Business 22377 Belmont Ridge Rd. | 22. Suite, Apt. #, etc. | 23. City & State Ashburn, VA | 24. Zip 20148-4501 | 25. Country USA | 26. Mailing Address 22377 Belmont Ridge Rd. | 27. Suite, Apt. #, etc. | 28. City & State Ashburn, VA | 29. Zip 20148-4501 | 30. Country USA |
|---|-------------------------|--|------------------------------|---------------------------|---|-------------------------|--|------------------------------|---------------------------|

9. Name and Address of Current Registered Agent
**MAINELLA, FRAN P
881 MADERIA CIRCLE
TALLAHASSEE FL 32312**

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 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 | CT | <input type="checkbox"/> DELETE |
| NAME | O'BRIEN, ERIC | |
| STREET ADDRESS | 120 PHILIP STREET | |
| CITY-ST-ZIP | MEDFIELD MA 02052 | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | WILKINSON, RI | |
| STREET ADDRESS | 4902 PARK HOLLOW DR | |
| CITY-ST-ZIP | BATON ROUGE LA | |
| TITLE | PE | <input type="checkbox"/> DELETE |
| NAME | JARVI, CHRISTOPHER K | |
| STREET ADDRESS | 1716 BEECHWOOD | |
| CITY-ST-ZIP | FULLERTON CA | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | NOCHE, P MARTIN | |
| STREET ADDRESS | 10327 GODDARD | |
| CITY-ST-ZIP | OVERLAND PARK KA | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | MAINELLA, FRAN P | |
| STREET ADDRESS | 881 MADERIA CIR | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, JUDITH | |
| STREET ADDRESS | 9125 W BUSH LAKE | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |

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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | JARVI, CHRISTOPHER K |
| 3.3 STREET ADDRESS | 1716 BEECHWOOD |
| 3.4 CITY-ST-ZIP | FULLERTON, CA |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | TICE, R DEAN |
| 5.3 STREET ADDRESS | 22377 BELMONT RIDGE RD |
| 5.4 CITY-ST-ZIP | ASHBURN, VA |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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14. I 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: *R. Dean Tice* RIDEAN TICE 5/18/98 (703) 858-0784

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