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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P38991

1. Corporation Name
NATIONAL RECREATION AND PARK ASSOCIATION, INC.

Principal Place of Business
 22377 BELMONT RODGE ROAD
 AHSBURN VA 20148-4501
 US

Mailing Address
 22377 BELMONT RODGE ROAD
 AHSBURN VA 20148-4501
 US



2. Principal Place of Business 21 22377 Belmont Ridge Rd.	2a. Mailing Address 26 22377 Belmont Ridge Rd.	3. Date Incorporated or Qualified 05/28/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-5563001
City & State 23 ASHBURN, VA	City & State 28 ASHBURN, VA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAINELLA, FRAN P 881 MADERIA CIRCLE TALLAHASSEE FL 32312		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ 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	CT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, ERIC	1.2 NAME	
STREET ADDRESS	120 PHILIP STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFIELD MA 02052	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, RI	2.2 NAME	
STREET ADDRESS	4902 PARK HOLLOW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARVI, CHRISTOPHER K	3.2 NAME	P FLICKINGER, TED, CLP
STREET ADDRESS	1716 BEECHWOOD	3.3 STREET ADDRESS	211 E. MONROE
CITY-ST-ZIP	FULLERTON CA	3.4 CITY-ST-ZIP	SPRINGFIELD, IL 62701
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOCHE, P MARTIN	4.2 NAME	NOHE, P MARTIN
STREET ADDRESS	10327 GODDARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KA	4.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICE, R. DEAN	5.2 NAME	
STREET ADDRESS	22377 BELMONT RODGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AHSBURN VA 20148-4501	5.4 CITY-ST-ZIP	ASHBURN, VA 20148-4501
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JUDITH	6.2 NAME	
STREET ADDRESS	9125 W BUSH LAKE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	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)(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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** DEAN TICE Date: 3/22/99 Daytime Phone #: 703/ 858-0784

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