


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P38991

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



Principal Place of Business 22377 BELMONT RIDGE RD ASHBURN, VA 20148-4501 US	Mailing Address 22377 BELMONT RIDGE RD ASHBURN, VA 20148-4501 US
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DO NOT WRITE IN THIS SPACE



06292007 No Chg NP CR2E037 (4/06)

4. FEI Number 13-5563001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

**Filing Fee is \$61.25
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

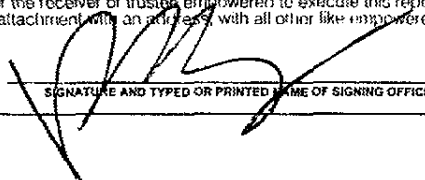
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	C LEHMAN, RON 24435 S TYRON ST CHANNAHAN, IL 604109256
TITLE NAME STREET ADDRESS CITY ST ZIP	VC FINKELMAN, LOIS 11437 W RICKS CIRCLE DALLAS, TX 75230
TITLE NAME STREET ADDRESS CITY ST ZIP	P NEU, STEVE 400 E FRONT AVE BISMARCK, ND 58504
TITLE NAME STREET ADDRESS CITY ST ZIP	T FARNSWORTH, ROBERT 430 CHESTNUT ST STE 300 CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY ST ZIP	M THORNER, JOHN A 22377 BELMONT RIDGE ROAD ASHBURN, VA 201484501
TITLE NAME STREET ADDRESS CITY ST ZIP	S RANDEL, PENNY 2851 CANTERBURY DR. NORTHBROOK, IL 60101

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UD00000767156
 07/06/07-80002-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:  **6/29/07 103,858.2143**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR