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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000887 (9)**

1. Corporation Name

**NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION  
LEAGUE, INC.**

Principal Place of Business

Mailing Address

**1156 15TH STREET, NW  
WASHINGTON DC 20005**

**1156 15TH STREET, NW  
WASHINGTON DC 20005-1704**

3. Date Incorporated or Qualified  
**02/22/1994**

3a. Date of Last Report  
**06/28/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1311 EXECUTIVE CENTER DRIVE  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**C  
SHAW, MELONEASE  
1617 JFK BLVD 565  
PHILADELPHIA PA**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**AT  
RIDER, MELINDA S  
201 S CHAPIN STREET  
SOUTH BEND IN**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VC  
SILBY, BARBARA  
10812 PLEASANT HILL DRIVE  
POTOMAC MD**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
ROSENTHAL, HANNAN  
222 STATE STREET  
MADISON WI**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
MONTAGUE, KENNETH C JR  
LOWE HOUSE OFFICE BLDG, ROOM 301  
ANNAPOLIS MD**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MOB  
ARIAS, RAQUEL D MD  
1240 N. MISSION ROAD, ROOM L1009  
LOS ANGELES CA 90033**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**P  
Berenson, Kathryn  
3453 Newar& Street, N.W.  
Washington, DC**

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

**BC  
Silby, Barbara  
10812 Pleasant Hill Drive  
Potomac, MD**

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

**D  
Chen, Nancy  
917 Kernebec Lane  
Naperville, IL**

☐ Change ☒ Addition

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:

*Kate Michelman*  
KATE MICHELMAN, President  
3-5-97

Date

Daytime Phone # 0075173

CR2E037 (9/96)