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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 # 823746

1. Corporation Name

NATIONAL PARKS AND CONSERVATION ASSOCIATION

Principal Place of Business

1776 MASSACHUSETTS AVENUE, N.W.
WASHINGTON DC 20036

Mailing Address

1776 MASSACHUSETTS AVENUE, N.W.
WASHINGTON DC 20036



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite 200

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite 200

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/02/1969

4. FEI Number

53-0225165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **KIERNAN, THOMAS**
CITY-ST-ZIP **1776 MASS AVE NW**
WASHINGTON DC 20036

1.1 TITLE **Treasurer** ☐ Change ☒ Addition
1.2 NAME **Murphy, Donald**
1.3 STREET ADDRESS **1776 Mass Ave NW**
1.4 CITY-ST-ZIP **Washington, D.C. 20036**

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **KERR, ROBERT**
CITY-ST-ZIP **1776 MASS AVE NW**
WASHINGTON DC 20036

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **BLACKBURN, DADIE GWIN**
CITY-ST-ZIP **1776 MASS AVE NW**
WASHINGTON DC 20036

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Blackburn, Sadie Gwin**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **ANTHONY, AUBRA HAYES JR**
CITY-ST-ZIP **1776 MASS AVE NW**
WASHINGTON DC 20036

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

TITLE ☐ DELETE
NAME **VC**
STREET ADDRESS **HASS, GLENN E**
CITY-ST-ZIP **1776 MASS AVE NW**
WASHINGTON DC 20036

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

TITLE ☐ DELETE
NAME **VC**
STREET ADDRESS **WINKS, ROBIN W**
CITY-ST-ZIP **1776 MASS AVE NW**
WASHINGTON DC 20036

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Stephanie S. Murphy* **Stephanie S. Murphy**

2/9/99

202-223-6722 x 111