
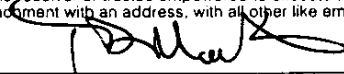


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90061 037 ****61.25

DOCUMENT # 823746 1. Entity Name NATIONAL PARKS AND CONSERVATION ASSOCIATION					
Principal Place of Business 1300 19TH STREET, NW STE 300 WASHINGTON, DC 20036			Mailing Address C/O JACQUELINE A HENSON, ESQ. 1900 K ST., N.W., STE 100 WASHINGTON, DC 20006		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 53-0225165	
				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 DR STE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIERNAN, THOMAS		NAME		
STREET ADDRESS	1300 19TH STREET NW, STE 300		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20036		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, THOMAS		NAME		
STREET ADDRESS	1300 19TH STREET, NW, STE 300		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20036		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORIA, JOYCE C		NAME		
STREET ADDRESS	8283 GREENSBORO DR		STREET ADDRESS		
CITY-ST-ZIP	MC LEAN, VA 22101		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEITER, ROBERT B		NAME	Pamela Matson	
STREET ADDRESS	1300 19TH STREET NW, STE 300		STREET ADDRESS	Stanford Univ., 397 Panama Mall	
CITY-ST-ZIP	WASHINGTON, DC 20036		CITY-ST-ZIP	Stanford, CA 94305-2115	
TITLE	SVPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIPTON, RONALD		NAME		
STREET ADDRESS	1300 19TH STREET STE 300		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20036		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Susan Babcock	
STREET ADDRESS			STREET ADDRESS	1300 19th Street, Suite 300	
CITY-ST-ZIP			CITY-ST-ZIP	Washington, DC 20036	
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: 			Tom Martin, EVP		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4/30/2007 <small>Daytime Phone #</small> 202 223 6722		