

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **827513** (3)  
1. Corporation Name  
**NATIONAL ORGANIZATION FOR WOMEN, INC.**



Principal Place of Business: 1000 16TH STREET N.W. SUITE 700 WASHINGTON DC 20036-5705  
Mailing Address: 1000 16TH STREET N.W. SUITE 700 WASHINGTON DC 20036-5705

3. Date Incorporated or Qualified: 02/21/1972  
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 23-7094479		Applied For: Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PELT, TONI VAN 5141 SEMINOLE BLVD ST PETERSBURG FL 33708				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IRELAND, PATRICIA			1.2 NAME			
STREET ADDRESS	26,600 S.W. 182 AVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	HOMESTEAD FL			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GANDY, KIM			2.2 NAME			
STREET ADDRESS	630 G ST NE			2.3 STREET ADDRESS			
CITY - ST - ZIP	WASHINGTON DC			2.4 CITY - ST - ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMPSEY, ROSEMARY			3.2 NAME			
STREET ADDRESS	109 8TH AVE.			3.3 STREET ADDRESS			
CITY - ST - ZIP	PASS-A-GRILLE FL			3.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, KAREN			4.2 NAME			
STREET ADDRESS	1201 SO EADS #1818			4.3 STREET ADDRESS			
CITY - ST - ZIP	ARLINGTON VA			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Patricia Ireland* 2/15/96 202-331-0066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Patricia Ireland, President  
Date: 2/15/96 Daytime Phone #: 202-331-0066

CR2E037 (12/95)