FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

202/331-0066

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

1000 16TH STREET N.W.

SUITE 700

827513

(3)

Mailing Address

1000 16TH STREET N.W.

SUITE 700

NATIONAL ORGANIZATION FOR WOMEN, INC.

WASHINGTON (DC 20036-5705	WASHINGTON DC 20096-5799				3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1972 03/02/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied F	-or	
21		26				23-7094479 Not Appli		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	—			5. Certificate of Status Desired Fee Required		
City & State)	City & State				6. Election Campaign Financing \$5.00 May B	ie	
23		28				Trust Fund Contribution		
Zιρ				ntry	of the delpotation had habitly for many factor at the disease			
24	25	29	30			Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent		64	Manage	10. Name and Address of New Registered Agent		
				61	Name	relate Troland	1	
	oni van		82 Street Addr		Street A	Address (P.O. Box Number is Not Acceptable)		
	EMINOLE BLVD		2660		266	O SW 182nd Ave		
ST PETE	ERSBURG FL 33708		83					
					City	y 85 Zip Code		
				Ц	Home	nestead FL 33030		
11. Pursuant t	to the provisions of Sections 617,050 egistered agent, or both, in the State	2 and 617.1508, Florida Statut of Florida, Such change was	tes, the at authorized	oove d by	e-named c	corporation submits this statement for the purpose of changing its regist poration's board of directors. I heraby accept the appointment as register	tered (
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 _	Shi -	ركيكيتر_				4-30-47		
	Signature, typed or printed name of registered age OFFICERS AN		rE: Registered	d Age	nt signature re	required when rehatating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	2	
12.	PD	DELETE	1.1 10	Ti F			ddition	
NAME	IRELAND, PATRICIA		12 N					
STREET ADDRESS	28,600 S.W. 182 AVE				ADDRESS			
	HOMESTEAD FL		1.4 CI					
CITY-ST-ZIP TITLE	VD	DELETE	2.1 10		1-21	☐ Change ☐ A	ddition	
NAME	GANDY, KIM		2.2 N					
STREET ADDRESS	630 G ST NE				ADDRESS			
CITY-ST-ZIP	WASHINGTON DC				ST-ZIP			
TITLE	VĪ	☐ DELETE	3.1 TI	_		Change A	ddition	
NAME	DEMPSEY, ROSEMARY		3.2 NA	AME				
STREET ADDRESS	109 8TH AVE.		3.3 \$1	REET	ADDRESS	·		
CITY-ST-ZIP	PASS-A-GRILLE FL		3.4. C	ITY-S	ST-ZIP			
TITLE	SD	DELETE	4.1 TO			Change A	ddition	
NAME	JOHNSON, KAREN		4. 2 N	AME	Ì			
STREET ADDRESS	1201 SO EADS #1818		4.3 ST	PEET	ADDRESS			
CITY-ST-ZIP	ARLINGTON VA		4.4 01	ITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 71	TLE		☐ Change ☐ A	Addition	
NAME			5.2 N	AME	-			
STREET ADDRESS			5.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	ITY-S	T-2IP			
TIŦLE		☐ DELETE	6.1 Ti	TLE	ļ	☐ Change ☐ A	Addition	
NAME			6.2 N/	AME				
STREET ADDRESS			6.3 ST	TREET	ADDRESS			
CITY+ST-ZIP			6.4 CI					
informatio I am an ol	o indicated on this annual report or s	supplemental annual report is the receiver or trustee empoy	true and a wered to e	accu	irète and l	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the I that my signature shall have the same legal effect as if made under oal report as required by Chapter 617, Florida Statutes; and that my name	th; that	