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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **827513** (3)

1. Corporation Name

NATIONAL ORGANIZATION FOR WOMEN, INC.

Principal Place of Business

Mailing Address

1000 16TH STREET N.W.
SUITE 700
WASHINGTON DC 20036-5705

1000 16TH STREET N.W.
SUITE 700
WASHINGTON DC 20036-5705

3. Date Incorporated or Qualified

02/21/1972

4. FEI Number

23-7094479

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRELAND, PATRICIA
2660 SW 182ND AVE
HOMESTEAD FL 33030

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	PD	<input type="checkbox"/> DELETE
NAME	IRELAND, PATRICIA	
STREET ADDRESS	26,600 S.W. 182 AVE	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GANDY, KIM	
STREET ADDRESS	630 G ST NE	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	DEMPSEY, ROSEMARY	
STREET ADDRESS	109 6TH AVE.	
CITY - ST - ZIP	PASS-A-GRIFFLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON, KAREN	
STREET ADDRESS	1201 SO EADS #1818	
CITY - ST - ZIP	ARLINGTON VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VP, Action	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELIZABETH TOLEDO	
3.3 STREET ADDRESS	5207 Ventnor Rd	
3.4 CITY - ST - ZIP	Bethesda, MD 20816	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

KIM GANDY

[Signature]

JAN 9, 1998

202-331-0066

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