

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827513 ✓
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

FILED
Jul 23, 1999 8:00 am
Secretary of State

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7094479	
24 Country		29 Country		30	
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
IRELAND, PATRICIA		81 Name	
2600 SW 182ND AVE		82 Street Address (P.O. Box Number is Not Acceptable)	
HOMESTEAD FL 33030		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD		1.1 TITLE	
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		2.1 TITLE	
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		3.1 TITLE	
NAME TOLEDO, ELIZABETH		3.2 NAME	
STREET ADDRESS 5207 VENTNOR RD		3.3 STREET ADDRESS	
CITY-ST-ZIP BETHESDA MD 20816		3.4 CITY-ST-ZIP	
TITLE SD		4.1 TITLE	
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: KIM GANDY, VICE PRESIDENT, EXECUTIVE 7/12/99 202-331-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)