

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 827513**

1. Entity Name  
**NATIONAL ORGANIZATION FOR WOMEN, INC.**



Principal Place of Business  
**1100 H STREET NW, THIRD FLOOR  
WASHINGTON, DC 20005**

Mailing Address  
**1100 H STREET NW, THIRD FLOOR  
WASHINGTON, DC 20005**



04122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7094479</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

**6. Name and Address of Current Registered Agent**

**HIQ CORPORATE SERVICES, INC.  
526 EAST PARK AVE., STE. 200  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANDY, KIM 1100 H STREET NW, THIRD FLOOR WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, KAREN 1100 H STREET NW, THIRD FLOOR WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'NEILL, TERRY 1100 H STREET NW, THIRD FLOOR WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIVES, OLGA 1100 H STREET NW, THIRD FLOOR WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000320918  
04/21/05-80057-013 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Terry O'Neill VP Mems 4/12/05*