2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 841033

1. Entity Name
NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC.

Principal Place of Business	Mailing Address
750 FIRST STREET, N.E., STE. 700 WASHINGTON, DC 20002-1241	750 FIRST STREET, N.E., STE. 700 WASHINGTON, DC 20002-1241

03012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1474070
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PRES
NAME	BAILEY, GARY MSW
STREET ADDRESS	300 THE FENWAY
CITY-ST-ZIP	BOSTON, MA 02115
TITLE	P-EL
NAME	DE SILVA, ELVIRA C DSW
STREET ADDRESS	2606 E. JARVIS STREET
CITY-ST-ZIP	MILWAUKEE, WI 53211
TITLE	VP
NAME	HIRAMOTO, STACIE MSW
STREET ADDRESS	7001-A EAST PARKWAY, SUITE 300
CITY-ST-ZIP	SACRAMENTO, CA 958232501
TITLE	SEC
NAME	MONIZ, CYNTHIA PHD
STREET ADDRESS	4 ABBY DRIVE
CITY-ST-ZIP	CANTERBURY, NH 03224
TITLE	TRES
NAME	D'AGOSTINO, PAUL A ACSW
STREET ADDRESS	7811 CARWOOD AVENUE
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	REP
NAME	BARRON, LAWANNA R ACSW
STREET ADDRESS	PO BOX 2003
CITY-ST-ZIP	VALDOSTA, GA 31604

U00000252601
03/05/05-80035-022 61.25

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12. 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 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: James H. Atkin 3-3-05 850-224-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #