

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

|                                                                                                      |                                                                                          |                                                                                   |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 841033</b>                                                                             |                                                                                          |  |
| 1. Entity Name<br><b>NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC.</b>                                |                                                                                          |                                                                                   |
| Principal Place of Business<br><b>750 FIRST STREET, N.E., STE. 700<br/>WASHINGTON, DC 20002-1241</b> | Mailing Address<br><b>750 FIRST STREET, N.E., STE. 700<br/>WASHINGTON, DC 20002-1241</b> |                                                                                   |



03012005 No Chg-NP CR2E037 (10/03)

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|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1474070</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                              |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>NRAI SERVICES, INC.<br/>2731 EXECUTIVE PARK DRIVE<br/>SUITE 4<br/>WESTON, FL 33331</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
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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.

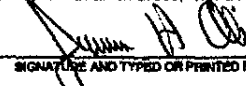
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                                                     |                                                                                                                        |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                          |
|------------------------------------------------|------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRES<br>BAILEY, GARY MSW<br>300 THE FENWAY<br>BOSTON, MA 02115                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P-EL<br>DE SILVA, ELVIRA C DSW<br>2606 E. JARVIS STREET<br>MILWAUKEE, WI 53211           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HIRAMOTO, STACIE MSW<br>7001-A EAST PARKWAY, SUITE 300<br>SACRAMENTO, CA 958232501 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC<br>MONIZ, CYNTHIA PHD<br>4 ABBY DRIVE<br>CANTERBURY, NH 03224                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TRES<br>D'AGOSTINO, PAUL A ACSW<br>7811 CARWOOD AVENUE<br>TAMPA, FL 33637                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | REP<br>BARRON, LAWANNA R ACSW<br>PO BOX 2003<br>VALDOSTA, GA 31604                       |

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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)(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.

|                                                                                                                             |                     |                                |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  <b>JAMES H. ATKIN</b> | <b>3-3-05</b>       | <b>850-224-2400</b>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                           | <small>Date</small> | <small>Daytime Phone #</small> |