

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003473 (6)

1. Corporation Name

NATIONAL COMMITTEE TO PREVENT CHILD ABUSE CORP.



Principal Place of Business
**332 SOUTH MICHIGAN AVE., SUITE #1600
CHICAGO IL 60604**

Mailing Address
**332 SOUTH MICHIGAN AVE., SUITE #1600
CHICAGO IL 60604**

3. Date Incorporated or Qualified 07/29/1993	3a. Date of Last Report 10/17/1995
4. FEI Number 23-7235671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DRAKE, ELIZABETH
1702 S.W. 16TH AVE., SUITE 2189
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EDAS <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, ANNE COHN	12 NAME	
STREET ADDRESS	% 332 SOUTH MICHIGAN AVE., SUITE 1600	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60604	14 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMP, JOSEPH D	22 NAME	
STREET ADDRESS	3310 EAGLE PARK DRIVE, NE	23 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI 49505	24 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, HOWARD E	32 NAME	
STREET ADDRESS	430 E. 86TH STREET, APT 9C	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10028	34 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DOROTHY V	42 NAME	
STREET ADDRESS	11154 WOOD ELVES WAY	43 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	44 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, H. MARK	52 NAME	
STREET ADDRESS	323 ADAMS AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36103	54 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, THOMAS PH.D	62 NAME	
STREET ADDRESS	UNIVERSITY OF MASSACHUSETTS	63 STREET ADDRESS	
CITY-ST-ZIP	AMHERST MA 01003	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 (312) 663-3520
Date Daytime Phone #

CR2E037 (12/95)