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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003473 (6)**

1. Corporation Name

NATIONAL COMMITTEE TO PREVENT CHILD ABUSE CORP.



Principal Place of Business 332 SOUTH MICHIGAN AVE., SUITE #1800 CHICAGO IL 60604	Mailing Address 332 SOUTH MICHIGAN AVE., SUITE #1800 CHICAGO IL 60604-4400
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3. Date Incorporated or Qualified 07/29/1993	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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	EDAS <input type="checkbox"/> DELETE	1.1 TITLE	President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNELLY, ANNE COHN	1.2 NAME	Dorothy V. Harris
STREET ADDRESS	% 332 SOUTH MICHIGAN AVE., SUITE 1600	1.3 STREET ADDRESS	1300 Spring Street, Ste. 210
CITY-ST-ZIP	CHICAGO IL 60604	1.4 CITY-ST-ZIP	Silver Spring, Md. 20910
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUMP, JOSEPH D	2.2 NAME	Terri M. Gallmeier
STREET ADDRESS	3310 EAGLE PARK DRIVE, NE	2.3 STREET ADDRESS	6316 S. Ironton Court
CITY-ST-ZIP	GRAND RAPIDS MI 49505	2.4 CITY-ST-ZIP	Englewood, CO 80111
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, HOWARD E	3.2 NAME	J. David Robinson
STREET ADDRESS	430 E. 88TH STREET, APT 9C	3.3 STREET ADDRESS	13023 Barkfoot Court
CITY-ST-ZIP	NEW YORK NY 10028	3.4 CITY-ST-ZIP	Herndon, VA 22071
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, DOROTHY V	4.2 NAME	Paul W. Sweeney, Jr.
STREET ADDRESS	11154 WOOD ELVES WAY	4.3 STREET ADDRESS	9100 Wilshire Blvd., 8E
CITY-ST-ZIP	COLUMBIA MD 21044	4.4 CITY-ST-ZIP	Beverly Hills, CA 90212
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, H. MARK	5.2 NAME	Nicholas Goodban
STREET ADDRESS	323 ADAMS AVENUE	5.3 STREET ADDRESS	435 N. Michigan Ave., Suite 770
CITY-ST-ZIP	MONTGOMERY AL 36103	5.4 CITY-ST-ZIP	Chicago, IL 60611-4041
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, THOMAS PH.D	6.2 NAME	
STREET ADDRESS	UNIVERSITY OF MASSACHUSETTS	6.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST MA 01003	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ of Finance 4/3/97 (312) 663-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078521

CR2E037 (9/96)