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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

Mailing Address

**832 SOUTH MICHIGAN AVE., SUITE #1800
CHICAGO IL 60604**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/29/1993

4. FEI Number

23-7235671

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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

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

TITLE	EDAS	<input type="checkbox"/> DELETE
NAME	DONNELLY, ANNE COHN	
STREET ADDRESS	% 332 SOUTH MICHIGAN AVE., SUITE 1800	
CITY-ST-ZIP	CHICAGO IL 60604	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, DOROTHY V	
STREET ADDRESS	1300 SPRING ST, STE. 210	
CITY-ST-ZIP	SILVER SPRINGS MD	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GALLMEIER, TERRI M	
STREET ADDRESS	6316 S. IRONTON CT	
CITY-ST-ZIP	ENGLEWOOD CO	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROBINSON, DAVID J	
STREET ADDRESS	13023 BANKFOOT CT	
CITY-ST-ZIP	HERNDON VA	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SWEENEY, PAUL W JR.	
STREET ADDRESS	9100 WILSHIRE BLVD., 8E	
CITY-ST-ZIP	BEVERLY HILLS CA	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GOODBAN, NICHOLAS	
STREET ADDRESS	435 N MICHIGAN AVE., STE. 770	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	GARY SIDAN
6.4 CITY-ST-ZIP	5650 WEST CENTRAL AVENUE STE D TOLSON, OHIO 43164

14. 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 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:

Sandra B. Northam (Sandra Williams) 3/16/98 (312) 663-3520

CR2E037 (10/97)