

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90288 006 ****61.25

DOCUMENT # **F93000003473**

1. Corporation Name

NATIONAL COMMITTEE TO PREVENT CHILD ABUSE CORP.

Principal Place of Business

200 S. MICHIGAN AVENUE
17TH FLOOR
CHICAGO IL 60604

Mailing Address

200 S. MICHIGAN AVENUE
17TH FLOOR
CHICAGO IL 60604



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

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

TITLE **EDAS** ☒ DELETE
NAME **DONNELLY, ANNE COHN**
STREET ADDRESS **% 332 SOUTH MICHIGAN AVE., SUITE 1600**
CITY-ST-ZIP **CHICAGO IL 60604**

TITLE **PD** ☒ DELETE
NAME **HARRIS, DOROTHY V**
STREET ADDRESS **1300 SPRING ST, STE. 210**
CITY-ST-ZIP **SILVER SPRINGS MD**

TITLE **VPD** ☒ DELETE
NAME **GALLMEIER, TERRI M**
STREET ADDRESS **6316 S IRONTON CT**
CITY-ST-ZIP **ENGLEWOOD CO**

TITLE **VPD** ☒ DELETE
NAME **ROBINSON, DAVID J**
STREET ADDRESS **13023 BANKFOOT CT**
CITY-ST-ZIP **HERNDON VA**

TITLE **S** ☒ DELETE
NAME **SWEENEY, PAUL W JR.**
STREET ADDRESS **9100 WILSHIRE BLVD., 8E**
CITY-ST-ZIP **BEVERLY HILLS CA**

TITLE **TD** ☐ DELETE
NAME **SLOAN, GARY**
STREET ADDRESS **5650 W CENTRAL AVE, SUITE D**
CITY-ST-ZIP **TOLEDO OH 43614**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **EDAS** ☒ Change ☐ Addition
1.2 NAME **A. SIDNEY JOHNSON III**
1.3 STREET ADDRESS **200 S. MICHIGAN AVENUE 17th FLOOR**
1.4 CITY-ST-ZIP **CHICAGO IL 60604**

2.1 TITLE **PD** ☒ Change ☒ Addition
2.2 NAME **MAURA SOMERS DUGHI**
2.3 STREET ADDRESS **525 VALLEY ROAD**
2.4 CITY-ST-ZIP **WATCHUNG, NJ 07060**

3.1 TITLE **VPD** ☐ Change ☒ Addition
3.2 NAME **J. MICHAEL HESTER**
3.3 STREET ADDRESS **3719 PEBBIE BEACH ROAD**
3.4 CITY-ST-ZIP **NORTH BROOK, IL 60062**

4.1 TITLE **VPD** ☐ Change ☒ Addition
4.2 NAME **BARBARA J. SABOL**
4.3 STREET ADDRESS **1 MICHIGAN AVENUE EAST**
4.4 CITY-ST-ZIP **BATTLE CREEK, MI 49017-4058**

5.1 TITLE **SECRETARY** ☐ Change ☒ Addition
5.2 NAME **GARY M. LANZARA**
5.3 STREET ADDRESS **8200 JONES BRANCH DRIVE, MS 402**
5.4 CITY-ST-ZIP **MILLEAN, VA 22101**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/99

312 663-3520

Daytime Phone #

CR2E037 (1/98)