

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003473

1. Entity Name

~~NATIONAL COMMITTEE TO PREVENT CHILD ABUSE CORP.~~
PREVENT CHILD ABUSE AMERICA

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90016 032 ****61.25

Principal Place of Business 200 S. MICHIGAN AVENUE 17TH FLOOR CHICAGO IL 60604	Mailing Address 200 S. MICHIGAN AVENUE 17TH FLOOR CHICAGO IL 60604-2404
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 23-7235671	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE EDAS	NAME JOHNSON, A. SIDNEY III	<input type="checkbox"/> Delete
STREET ADDRESS 200 S. MICHIGAN AVE- 17TH FLR		
CITY-ST-ZIP CHICAGO IL 60604		
TITLE PD	NAME DUGHI, MAURA S	<input type="checkbox"/> Delete
STREET ADDRESS 525 VALLEY RD		
CITY-ST-ZIP WATCHUNG NJ 07060		
TITLE VPO	NAME HESTER, J. MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS 3719 PEBBLE BCH RD		
CITY-ST-ZIP NORTHBROOK IL 60062		
TITLE VPO	NAME SABOL, BARBARA J	<input type="checkbox"/> Delete
STREET ADDRESS ONE MICHIGAN AVE EAST		
CITY-ST-ZIP BATTLE CREEK MI 49017-4058		
TITLE S	NAME LANZARA, GARY M	<input type="checkbox"/> Delete
STREET ADDRESS 8200 JONES BRANCH DR- MS 402		
CITY-ST-ZIP MCLEAN VA 22101		
TITLE TD	NAME SLOAN, GARY	<input type="checkbox"/> Delete
STREET ADDRESS 5650 W CENTRAL AVE, SUITE D		
CITY-ST-ZIP TOLEDO OH 43614		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PRESIDENT	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE CHAIRMAN OF THE BOARD	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE VICE CHAIRMAN OF THE BOARD	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* **REQUIRED** 6/23/00 312 663-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR EX-7 (07-01)

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AC0675 20

Form **2758**
(Rev. June 1998)

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name PREVENT CHILD ABUSE AMERICA	Employer identification number 23-7235691
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 200 S. MICHIGAN AVENUE 17TH FLOOR	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO IL 60604	

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

- 1 I request an extension of time until AUGUST 15, 2000, to file (check only one):
- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year _____, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension. ADDITIONAL TIME NEEDED TO COMPLETE AUDIT, WHICH IS NEEDED TO COMPLETE TAX RETURN.

- 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ CONTROLLER Date ▶ 5/9/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by the IRS

- We **HAVE** approved your application. Please attach this form to your return.
- We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

Director

By: _____

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.