2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT CUMENT # F9400000142

FILED Feb 21, 2006 8:00 am Secretary of State

DOCUMENT # F9400000142 1. Entity Name NARAL PRO-CHOICE AMERICA FOUNDATION, INC.									2006 90014	041 ****	61.25	
1156 - 15TH STREET NW, STE. 700 1156			ing Address 56 - 15TH STREET NW, STE. 700 SHINGTON, DC 20005					0002	0194			
2. Principal Place of Business 3.		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					02132006	Chg-NP	CR2E03	7 (11/05)		
City & State		City & State			·····		4. FEI Number 52-110				plied For t Applicable	
Zip	Country	Zip		Cou	ntry		5. Certificate	of Status Desi		\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered A	gent		·		7. Name and	Address of N	ew Registered /	Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324						Name Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	e	
	named entity submits this statement for t ions of registered agent.	the purpose	of changing its re	egistere	d office o	r registere	ed agent, or bo	th, in the State	of Florida. I am	familiar with,	and accept	
SIGNATURE	A COMPANY OF THE STATE OF THE S	1. 1										
	Signature, typed or printed name of registered agent and	d title if applicab	le. (NOTE: I	Registered	Agent signat	ure required	when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Camp Trust Fund Co	paign Fi	nancing •		\$5.00 May E Added to Fees	3e	Make check Florida Depar			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4 M. BOTTS

06 202-973-30r

Daytime Phone #

ATTACHMENT

#F9400000142

2/17/06

The only information that needs to be updated is the list of officers and directors.

Thank you.

Heilli Combs Membership Associate 202-973-3056