

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002548 (5)

1. Corporation Name
N.A.A.C.P. LEGAL DEFENSE AND EDUCATIONAL FUND, I NC.



Principal Place of Business: 99 HUDSON ST. SUITE 1600 NEW YORK NY 10013
Mailing Address: 99 HUDSON ST. SUITE 1600 NEW YORK NY 10013

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report: 08/10/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 13-1655255	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

DAWSON, WARREN HOPE
1467 TAMPA PARK PLAZA
TAMPA FL 33605

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: *Nancy H. Dawson* DATE: 2/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P PREISKEL, ROBERT H	1.2 NAME	
STREET ADDRESS	ONE NEW YORK PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V RABINOWITZ, DANIEL L	2.2 NAME	
STREET ADDRESS	153 E 53RD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S NABRIT, JAMES M III	3.2 NAME	
STREET ADDRESS	7211 SIXTEENTH ST., N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20012	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T APPLEWHAITE, ELEANOR S	4.2 NAME	
STREET ADDRESS	356 W. 58TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COLEMAN, WILLIAM T JR	5.2 NAME	
STREET ADDRESS	555 13TH ST., N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20004	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JONES, ELAINE R	6.2 NAME	
STREET ADDRESS	99 HUDSON ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10013	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elaine R. Jones* (212) 219-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)