

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morfham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002548 (5)**  
1. Corporation Name  
**N.A.A.C.P. LEGAL DEFENSE AND EDUCATIONAL FUND, I NC.**

Principal Place of Business <b>99 HUDSON ST. SUITE 1600 NEW YORK NY 10013</b>	Mailing Address <b>99 HUDSON ST. SUITE 1600 NEW YORK NY 10013</b>
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3. Date Incorporated or Qualified <b>05/16/1994</b>	
4. FEI Number <b>13-1655255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**DAWSON, WARREN HOPE  
1467 TAMPA PARK PLAZA  
TAMPA FL 33605**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State <b>FL</b>
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 Warren H Dawson **5/11/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PREISKEL, ROBERT H</b>	1.2 NAME	
STREET ADDRESS	<b>ONE NEW YORK PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10004</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RABINOWITZ, DANIEL L</b>	2.2 NAME	
STREET ADDRESS	<b>183 E 53RD ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NABRIT, JAMES M III</b>	3.2 NAME	
STREET ADDRESS	<b>7211 SIXTEENTH ST., N.W.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20012</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>APPLEWHITE, ELEANOR S</b>	4.2 NAME	
STREET ADDRESS	<b>356 W. 58TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, WILLIAM T JR</b>	5.2 NAME	
STREET ADDRESS	<b>555 13TH ST., N.W.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20004</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, ELAINE R</b>	6.2 NAME	
STREET ADDRESS	<b>99 HUDSON ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10013</b>	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.

SIGNATURE: Eleanor S Applewhite **5/5/98** (212218 1900)

CR2E037 (10/97)



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April 1997