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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001419 (9)

1. Corporation Name

NATIONAL MINORITY AIDS COUNCIL, INC.

Principal Place of Business

1931 13TH STREET, NW
WASHINGTON DC 20009
US

Mailing Address

1931 13TH STREET, NW
WASHINGTON DC 20009-4432
US



3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report
07/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
52-1578289

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEGLEY, KEITH A
13 MARTIN LUTHER KING BLVD.
STUART FL 34995

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME GEAGA, JAIME
STREET ADDRESS 1931 13TH STREET, NW
CITY-ST-ZIP WASHINGTON DC 20009

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME MCDONALD, SANDRA
STREET ADDRESS 3030 CAMPBELLTON RD., SW
CITY-ST-ZIP ATLANTA GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME NICKENS, NORMAN
STREET ADDRESS 25 VAN NESS AVENUE, 5TH FLOOR
CITY-ST-ZIP SAN FRANCISCO CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME CYR-DELPE, MARIE
STREET ADDRESS 2271 SECOND AVE.
CITY-ST-ZIP NEW YORK NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BEAN, CARL
STREET ADDRESS 5149 W. JEFFERSON BLVD
CITY-ST-ZIP LOS ANGELES CA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ED
NAME KAWATA, PAUL
STREET ADDRESS 1931 13TH STREET, NW
CITY-ST-ZIP WASHINGTON DC 20009

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

14. I do 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:

SIGNATURE REQUIRED

March 26, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DeVine Phone # ext. 4000

CR2E037 (9/96)