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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000006192 (6)

1. Corporation Name

NATIONAL FUND-RAISING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4244 W TENNESSEE ST
SUITE 106
TALLAHASSEE FL 32304

4244 W TENNESSEE ST
SUITE 106
TALLAHASSEE FL 32304-1033

3. Date Incorporated or Qualified
12/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, ALLEN L SR
4244 W TENNESSEE ST
SUITE 106
TALLAHASSEE FL 32304

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PI/O
1.3 STREET ADDRESS	Allen L. Adams, Sr.
1.4 CITY-ST-ZIP	4244 W. Tennessee St., #106 Tallahassee, Florida 32304
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T/Director
2.3 STREET ADDRESS	Chet Chestnik
2.4 CITY-ST-ZIP	RR 41, Box 3115 Havana, Florida 32333
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V/D Director
3.3 STREET ADDRESS	Steve Ramsey
3.4 CITY-ST-ZIP	1557 Goodwood Drive Tallahassee, Florida 32308
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cal Director
4.3 STREET ADDRESS	Cal Gleaton
4.4 CITY-ST-ZIP	6733 Visalia Place Tallahassee, Florida 32311
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Chip Jordan
5.4 CITY-ST-ZIP	1312 Blackford Court Tallahassee, Florida 32311
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Allen L. Adams, Jr.
6.4 CITY-ST-ZIP	Rt. 7, Box 858-J Tallahassee, Florida 32308

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: *Allen L. Adams, Sr.* (Typed Name: Allen L. Adams, Sr.) 3/1/97 (704) 657-8570

CR2E037 (9/96)