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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38361 (2)
1. Corporation Name
THE NATIONAL COUNCIL ON PROBLEM GAMBLING, INC.

Principal Place of Business 10025 GOV. WARFIELD PKWY STE 311 COLUMBIA MD 21044	Mailing Address 10025 GOV. WARFIELD PKWY STE 311 COLUMBIA MD 21044-3330
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2. Principal Place of Business 21 10025 Gov. Warfield Pkwy Suite, Apt. #, etc. 22 Ste 311 City & State 23 Columbia MD Zip 24 21044	2a. Mailing Address 26 10025 Gov. Warfield Pkwy Suite, Apt. #, etc. 27 Ste 311 City & State 28 Columbia, MD Zip 29 21044
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 04/08/1992	3a. Date of Last Report 10/18/1996
4. FEI Number 51-0141872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC
1180 SPRING CENTER SOUTH BLVD
STE 390
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, BETTY	1.2 NAME	Term expires Feb. 1, 1997
STREET ADDRESS	702 TORREY BLDG, 314 W SUPERIOR STR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH MN 55802	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JOANNA	2.2 NAME	Exec. Vice President - Director
STREET ADDRESS	10025 GOV. WARFIELD PKWY	2.3 STREET ADDRESS	Franklin, Joanna
CITY-ST-ZIP	COLUMBIA MD 21044	2.4 CITY-ST-ZIP	10025 Gov. Warfield Pkwy, Ste 311
TITLE	PC	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHE, PAUL R	3.2 NAME	President/Chairman - Director
STREET ADDRESS	1180 SPRING CENTER SOUTH BLVD., 390	3.3 STREET ADDRESS	Ashe, Paul R.
CITY-ST-ZIP	LONGWOOD FL 32714	3.4 CITY-ST-ZIP	1180 Spring Center South Blvd, 390
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JOAN	4.2 NAME	Treasurer - Director
STREET ADDRESS	700 BRIDGE ST	4.3 STREET ADDRESS	Cox, Joan
CITY-ST-ZIP	MONT CLARE PA 19453	4.4 CITY-ST-ZIP	700 Bridge St.
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMS, DONALD	5.2 NAME	Secretary/Vice President - Director
STREET ADDRESS	168 RAVENHURST AVE.	5.3 STREET ADDRESS	Marvin Steinberg
CITY-ST-ZIP	STATEN ISLAND NY 10310	5.4 CITY-ST-ZIP	15 Broad St.
TITLE	IVP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DURAND F P	6.2 NAME	1st Vice President - Director
STREET ADDRESS	432 E CRESCENT AVE	6.3 STREET ADDRESS	Jacobs, Durand, F. P.
CITY-ST-ZIP	REDLANDS CA 92373	6.4 CITY-ST-ZIP	432 E. Crescent Ave.

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 _____

CR2E037 (9/96)