


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>10025 GOV WARFIELD PKWY STE 311 COLUMBIA MD 21044 US</b>	Mailing Address <b>10025 GOV WARFIELD PKWY STE 311 COLUMBIA MD 21044 US</b>
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3. Date Incorporated or Qualified <b>04/08/1992</b>	
4. FEI Number <b>51-0141872</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC  
1180 SPRING CENTER SOUTH BLVD  
STE 390  
ALTAMONTE SPRINGS FL 32714**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE
NAME	<b>FRANKLIN, JOANNA</b>
STREET ADDRESS	<b>10025 GOV WARFIELD PKWY STE 311</b>
CITY-ST-ZIP	<b>COLUMBIA MD</b>
TITLE	<b>PC</b> <input type="checkbox"/> DELETE
NAME	<b>ASHE, PAUL R</b>
STREET ADDRESS	<b>1180 SPRING CENTER SOUTH BLVD.,390</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32714</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>COX, JOAN</b>
STREET ADDRESS	<b>700 BRIDGE ST</b>
CITY-ST-ZIP	<b>MONT CLARE PA 19453</b>
TITLE	<b>SVPD</b> <input type="checkbox"/> DELETE
NAME	<b>MARVIN STEINBERG</b>
STREET ADDRESS	<b>15 BROAD ST</b>
CITY-ST-ZIP	<b>NEW LONDON CT</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>JACOBS, DURAND F P</b>
STREET ADDRESS	<b>432 E CRESCENT AVE</b>
CITY-ST-ZIP	<b>REDLANDS CA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S/T Elizabeth Pertzoff</b>
3.3 STREET ADDRESS	<b>100 W 10th St. Ste 303</b>
3.4 CITY-ST-ZIP	<b>Wilmington, DE 19801</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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]* SIGNATURE REQUIRED

CP2EC037 (10/97)