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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38361

1. Corporation Name

THE NATIONAL COUNCIL ON PROBLEM GAMBLING, INC.

Principal Place of Business
10025 GOV WARFIELD PKWY
STE 311
COLUMBIA MD 21044
US

Mailing Address
10025 GOV WARFIELD PKWY
STE 311
COLUMBIA MD 21044
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/08/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
51-0141872

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

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 EVP ☐ DELETE
NAME FRANKLIN, JOANNA
STREET ADDRESS 10025 GOV WARFIELD PKWY STE 311
CITY-ST-ZIP COLUMBIA MD

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

☐ Change ☐ Addition

TITLE PC ☐ DELETE
NAME ASHE, PAUL R
STREET ADDRESS 1180 SPRING CENTER SOUTH BLVD.,390
CITY-ST-ZIP LONGWOOD FL 32714

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

☐ Change ☐ Addition

TITLE ST ☐ DELETE
NAME PERTZOFF, ELIZABETH
STREET ADDRESS 100 W 10TH ST., STE 303
CITY-ST-ZIP WILMINGTON DE 19801

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

☐ Change ☐ Addition

TITLE SVPD ☐ DELETE
NAME MARVIN STEINBERG
STREET ADDRESS 15 BROAD ST
CITY-ST-ZIP NEW LONDON CT

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

☐ Change ☐ Addition

TITLE VPD ☐ DELETE
NAME JACOBS, DURAND F P
STREET ADDRESS 432 E CRESCENT AVE
CITY-ST-ZIP REDLANDS CA

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)