FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38991 (6)

1. Corporation Name

NATIONAL RECREATION AND PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206	2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-5563001 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAINELLA, FRAN P
881 MADERIA CIRCLE
306 E. JACKSON
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	BRANDES, BEVERLY D	1.2 NAME	
STREET ADDRESS	138 COLDSTREAM DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	SEGURA, PERRY J	2.2 NAME	
STREET ADDRESS	1805 CENTER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW IBERIA LA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☒ Change ☐ Addition
NAME	KUTSKA, KENNETH S	3.2 NAME	PRESIDENT
STREET ADDRESS	1754 SEVE GABLES DR	3.3 STREET ADDRESS	KUTSKA, KENNETH S.
CITY-ST-ZIP	WHEATON IL	3.4 CITY-ST-ZIP	1754 Seve Gables Dr., Wheaton, IL
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	NOCHE, P MARTIN	4.2 NAME	
STREET ADDRESS	10327 GODDARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KA	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☒ Change ☐ Addition
NAME	KNOENEMANN, EDWARD J	5.2 NAME	PRESIDENT-ELECT
STREET ADDRESS	591 ELM STREET	5.3 STREET ADDRESS	GAYNOR, DOUGLAS
CITY-ST-ZIP	MONTPELIER VE	5.4 CITY-ST-ZIP	P.O. BOX 642, Modesto, CA
TITLE	S	6.1 TITLE	☒ Change ☐ Addition
NAME	CRAYTON, CEETTA	6.2 NAME	SECRETARY
STREET ADDRESS	1601 EAST WARREN DR	6.3 STREET ADDRESS	CONKEY, ALICE
CITY-ST-ZIP	LONG BEACH CA	6.4 CITY-ST-ZIP	1500 Merrimac Dr., Hyattsville, MD

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Elaine S. Lynch Elaine S. Lynch, Dir., Finance & Admin, 2-23-95 703-820-4940
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0073883