

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38991** (6)  
1. Corporation Name  
**NATIONAL RECREATION AND PARK ASSOCIATION, INC.**

Principal Place of Business <b>2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206</b>	Mailing Address <b>2775 SOUTH QUINCY ST., SUITE 300 ARLINGTON VA 22206-2236</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>05/28/1992</b>	3a. Date of Last Report <b>03/21/1996</b>
				4. FEI Number <b>13-5563001</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAINELLA, FRAN P  
881 MADERIA CIRCLE  
TALLAHASSEE FL 32312**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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	CT	<input type="checkbox"/> DELETE
NAME	O'BRIEN, ERIC	
STREET ADDRESS	120 PHILIP STREET	
CITY-ST-ZIP	MEDFIELD MA 02052	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	SEGURA, PERRY J	
STREET ADDRESS	1005 CENTER STREET	
CITY-ST-ZIP	NEW IBERIA LA	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	MAINELLA, FRAN P	
STREET ADDRESS	881 MADERIA CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	T Nohe	<input type="checkbox"/> DELETE
NAME	MOCKIE, P MARTIN	
STREET ADDRESS	10327 GODDARD	
CITY-ST-ZIP	OVERLAND PARK KA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GAYNOR, DOUGLAS	
STREET ADDRESS	PO BOX 642 N/A	
CITY-ST-ZIP	MODESTO CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CONKEY, ALICE	
STREET ADDRESS	1500 MERRIMAC DR	
CITY-ST-ZIP	HYATTSVILLE MD	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'Brien, Eric		
1.3 STREET ADDRESS	120 Philip Street		
1.4 CITY-ST-ZIP	Medfield, MA 02052		
2.1 TITLE	VC		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wilkinson, R. I. T		
2.3 STREET ADDRESS	4902 Park Hollow Drive		
2.4 CITY-ST-ZIP	Baton Rouge, LA 70816		
3.1 TITLE	PE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jarvi, Christopher K.		
3.3 STREET ADDRESS	1716 Beechwood		
3.4 CITY-ST-ZIP	Fullerton, CA 92635		
4.1 TITLE	Treasurer	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nohe, P. Martin		
4.3 STREET ADDRESS	10327 Goddard		
4.4 CITY-ST-ZIP	Overland Park, KS 66210		
5.1 TITLE	President	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mainella, Fran P.		
5.3 STREET ADDRESS	881 Maderia Circle		
5.4 CITY-ST-ZIP	Tallahassee, FL 32312		
6.1 TITLE	Secretary	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Anderson, Judith		
6.3 STREET ADDRESS	9125 W. Bush Lake, Minneapolis, MN		
6.4 CITY-ST-ZIP			

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.

President

1-3-97

CR2E037 (9/96)