

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90061 036 ****61.25

DOCUMENT # P38991

1. Corporation Name

NATIONAL RECREATION AND PARK ASSOCIATION, INC.

Principal Place of Business

22377 BELMONT RODGE ROAD
AHSBURN VA 20148-4501
US

Mailing Address

22377 BELMONT RODGE ROAD
AHSBURN VA 20148-4501
US



2. Principal Place of Business

21 22377 Belmont Ridge Rd.

2a. Mailing Address

26 22377 Belmont Ridge Rd.

3. Date Incorporated or Qualified

05/28/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

13-5563001

Applied For

Not Applicable

City & State

23 ASHBURN, VA

City & State

28 ASHBURN, VA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip Country

24 25

Zip Country

29 30

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MAINELLA, FRAN P
881 MADERIA CIRCLE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME CT
STREET ADDRESS O'BRIEN, ERIC
CITY-ST-ZIP 120 PHILIP STREET
MEDFIELD MA 02052

TITLE ☐ DELETE
NAME VC
STREET ADDRESS WILKINSON, RI
CITY-ST-ZIP 4902 PARK HOLLOW DR
BATON ROUGE LA

TITLE ☒ DELETE
NAME P
STREET ADDRESS JARVI, CHRISTOPHER K
CITY-ST-ZIP 1716 BEECHWOOD
FULLERTON CA

TITLE ☐ DELETE
NAME T
STREET ADDRESS NOCHE, P MARTIN
CITY-ST-ZIP 10327 GODDARD
OVERLAND PARK KA

TITLE ☐ DELETE
NAME M
STREET ADDRESS TICE, R. DEAN
CITY-ST-ZIP 22377 BELMONT RODGE ROAD
AHSBURN VA 20148-4501

TITLE ☐ DELETE
NAME S
STREET ADDRESS ANDERSON, JUDITH
CITY-ST-ZIP 9125 W BUSH LAKE
MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME P
STREET ADDRESS FLICKINGER, TED, CLP
CITY-ST-ZIP 211 E. MONROE
SPRINGFIELD, IL 62701

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME NOHE, P MARTIN
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
STREET ADDRESS
CITY-ST-ZIP ASHBURN, VA 20148-4501

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
STREET ADDRESS
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)(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 of R. Dean Tice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN TICE

3/22/99

Date

703/ 858-0784

Daytime Phone #

CR2E037..(11/98)