

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -3 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38991 1. Entity Name NATIONAL RECREATION AND PARK ASSOCIATION, INC.					
Principal Place of Business 22377 BELMONT RIDGE RD ASHBURN, VA 20148-4501 US			Mailing Address 22377 BELMONT RIDGE RD ASHBURN, VA 20148-4501 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-5563001	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: Jackie Simon, Assistant Secretary 10/31/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LOSE, DAVID FASLA 40 RUTLEDGE ST NASHVILLE, TN 37210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Ron Lehman 24435 S Tyron St. Channahon IL 60410-9256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JESSEN, DON 954 S. MICHIGAN ADDISON, IL 60101	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Lois Finkelman 11437 W. Ricks Circle Dallas TX 75230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORFHAGE, JONATHAN W 922 ARUBA LANE FOSTER CITY, CA 94404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Steve New 400 E Front Ave. Bismarck ND 58504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEHMAN, RONALD 24435 S TYRON ST CHANNAHON, IL 604109256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Farnsworth 430 Chestnut St. Ste 300 Chattanooga TN 37402	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THORNER, JOHN A 22377 BELMONT RIDGE ROAD ASHBURN, VA 201484501	<input type="checkbox"/> Delete	200061136072 11/03/05--01038--003 **236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANDEL, PENNY 2851 CANTERBURY DR. NORTHBROOK, IL 60101	<input type="checkbox"/> Delete			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: John A. Thorner 10/14/05 703-858-0784 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					