


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2008 8:00 am
Secretary of State

07-01-2008 90001 006 ****61.25

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04282008 Chg-NP CR2E037 (12/06)

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 FL Zip Code	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEHMAN, RON 24435 S TYRON ST CHANNAHON, IL 604109256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LOIS G. FINKELMAN 11437 W. RICKS CIRCLE DALLAS TX 75230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FINKELMAN, LOIS 11437 W RICKS CIRCLE DALLAS, TX 75230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JANNA RANKIN JETON COUNTY JACKSON PARKS+REC P.O. BOX 211 JACKSON, WV 26201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEU, STEVE 400 E FRONT AVE BISMARCK, ND 58504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDA J. KOTOWSKI, CAPT. 6 ABILENE ST., SUITE 300 AURORA, CO 80011-8741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARNSWORTH, ROBERT 430 CHESTNUT ST STE 300 CHATTANOOGA, TN 37402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T B. DOUGLAS YOUNG & BLOOD P.O. BOX 411371 CHARLOTTE NC 28241-1371 <input checked="" type="checkbox"/> Change <input 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KATIE GROVE 22377 BELMONT RIDGE RD. ASHBURN, VA 20148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANDEL, PENNY 2851 CANTERBURY DR. NORTHBROOK, IL 60101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIANNE CURRY 5939 ENCORE DRIVE DALLAS TX 75240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **6-20-08. (703) 888-0784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #