SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000002545 (1)**

1. Corporation Name
GRANT-A-WISH FOUNDATION, INC.

Principal Place of Business	Mailing Address
PO BOX 21211 BALTIMORE MD 21228	PO BOX 21211 BALTIMORE MD 21228

3. Date Incorporated or Qualified: **05/16/1994**
3a. Date of Last Report: **02/21/1995**

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

4. FEI Number: **52-1332737** ☐ 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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STEEN, SAM
APT R-3
2216 GULF SHORE BLVD
NAPLES FL 33940

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCREADY, RICHARD E RMI & ASSOC/ 9198 RED BRANCH ROAD COLUMBIA MD 21045	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HUGHES, LEO JR PO BOX 21173 BALTIMORE MD 21228	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition N/A for street address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAPLAN, NANCY RMI & ASSOC/ 9198 RED BRANCH ROAD COLUMBIA MD 21045	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWANK, CYNTHIA 8302 FORESTREE COURT VIENNA VA 22182	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T ☐ Change ☐ Addition Christie Hunter, CPA P.O. Box 21211 Baltimore, MD 21228 3608 Platte Ct. Ellicott City, MD 21042
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERGER, LEONARD P MD 10100 COASTAL HIGHWAY OCEAN CITY MD 21842	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 800001894838 -07/16/96--01123--009 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYD, MARYLOU 7031 HEATHFIELD RD BALTIMORE MD 21212	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D ☐ Change ☐ Addition Morrison, Brian P.O. Box 21211 Baltimore, MD 21228 6 S. Rolling Rd. Catonsville MD 21228

CR2E037 (3/96)

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)(k), 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: _____ 06/11/96 410-242-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Brian R. Morrison, Executive Director

0018495