FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 21228-0711

3. Date Incorporated or Qualified: **05/16/1994**
3a. Date of Last Report: **07/16/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCREADY, RICHARD E		1.2 NAME		
STREET ADDRESS	RMI & ASSOC/ 9198 RED BRANCH ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MD 21045		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, LEO JR		2.2 NAME		
STREET ADDRESS	PO BOX 21173 (N/A)*		2.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21228		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAPLAN, NANCY		3.2 NAME		
STREET ADDRESS	RMI & ASSOC/ 9198 RED BRANCH ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MD 21045		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUNTER, CHRISTIE, CPA		4.2 NAME		
STREET ADDRESS	3608 PLATTE CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ELLICOTT CITY MD 21042		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERGER, LEONARD P MD		5.2 NAME		
STREET ADDRESS	10100 COASTAL HIGHWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN CITY MD 21842		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, BRIAN		6.2 NAME		
STREET ADDRESS	6 SOUTH ROLLING RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CATONSVILLE MD 21228		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: R. STEEN SIGNATURE REQUIRED 5-7-97 410-242-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0076342