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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F94000002545

1. Corporation Name

GRANT-A-WISH FOUNDATION, INC.

Principal Place of Business

PO BOX 21211
BALTIMORE MD 21228

Mailing Address

PO BOX 21211
BALTIMORE MD 21228



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/16/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

52-1332737

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCREADY, RICHARD E	
STREET ADDRESS	RMI & ASSOC/ 9198 RED BRANCH ROAD	
CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUGHES, LEO JR	
STREET ADDRESS	PO BOX 21173 (N/A)*	
CITY-ST-ZIP	BALTIMORE MD 21228	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAPLAN, NANCY	
STREET ADDRESS	RMI & ASSOC/ 9198 RED BRANCH ROAD	
CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUNTER, CHRISTIE, CPA	
STREET ADDRESS	3608 PLATTE CT.	
CITY-ST-ZIP	ELLICOTT CITY MD 21042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGER, LEONARD P MD	
STREET ADDRESS	10100 COASTAL HIGHWAY	
CITY-ST-ZIP	OCEAN CITY MD 21842	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRISON, BRIAN	
STREET ADDRESS	6 SOUTH ROLLING RD.	
CITY-ST-ZIP	CATONSVILLE MD 21228	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 REQUIRED

Brian Morrison 1-2299(410) 242-1549

Date

Daytime Phone #

CR2E037 (11/98)