

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 8:24

DOCUMENT # F92000000427 (6)

1. Corporation Name

GRAY PANTHERS PROJECT FUND, INCORPORATED

Principal Place of Business

2025 PENNSYLVANIA AVE., N.W.
SUITE 821
WASHINGTON DC 20006

Mailing Address

2025 PENNSYLVANIA AVE., N.W.
SUITE 821
WASHINGTON DC 20006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1992

3a. Date of Last Report

08/26/1994

4. FEI Number

23-7409915

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CARLSTEADT, CLIFFORD
770 S. PALM AVE., #801
SARASOTA FL 34238

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C
FLYNN, CHARLOTTE
7710 W. RIM DRIVE
AUSTIN TX 78731

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SUGARMAN, JULE M
2025 PENNSYLVANIA AVE., NW
WASHINGTON DC 20006

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
JACOBSON, VIOLET
1761 VALLEJO
SAN FRANCISCO CA 94123

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
CARLSTEDT, CLIFF
770 S. PALM AVENUE
SARASOTA FL 34238

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

See attached

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Executive Director
Dixie D. Morning
1211 S Street
Washington, DC 20009

☒ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Type

6/13/95 (202) 466 3132