

FILE NOW: FILING FEE IS \$61.25

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**May 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000427 (6)
 1. Corporation Name
GRAY PANTHERS PROJECT FUND, INCORPORATED



Principal Place of Business 2025 PENNSYLVANIA AVE.. N.W. SUITE 621 WASHINGTON DC 20006	Mailing Address 2025 PENNSYLVANIA AVE.. N.W. SUITE 621 WASHINGTON DC 20006
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3. Date Incorporated or Qualified 11/24/1992	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 23-7409915	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: *Clifford Carlstedt* DATE: *April 16, 1998*

12. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	FLYNN, CHARLOTTE	
STREET ADDRESS	7710 W. RM DRIVE	
CITY-ST-ZIP	AUSTIN TX 78731	
TITLE	†	<input checked="" type="checkbox"/> DELETE
NAME	JACOBSON, VIOLET	
STREET ADDRESS	1761 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94123	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLSTEDT, CLIFF	
STREET ADDRESS	770 S. PALM AVENUE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	ED D	<input type="checkbox"/> DELETE
NAME	FULLER, TIMOTHY	
STREET ADDRESS	1711 MASS AVENUE, NW, #829	
CITY-ST-ZIP	WASHINGTON DE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATHERINE DELOREY	
STREET ADDRESS	190 ALLEGHANY STREET	
CITY-ST-ZIP	BOSTON, MA 02120	
TITLE	J	<input type="checkbox"/> DELETE
NAME	JORIS COPPERMAN	
STREET ADDRESS	3 PENRITH WALK	
CITY-ST-ZIP	PLEASANT HILL CA 94523	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: *[Signature]* DATE: *April 16, 1998*

CP2E037 (10/97)