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Apr 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000427

1. Corporation Name
GRAY PANTHERS PROJECT FUND, INCORPORATED

Principal Place of Business 733 15th Street NW 2025 PENNSYLVANIA AVE., N.W. SUITE 821 WASHINGTON DC 20005 20005	Mailing Address 733 15th Street NW 2025 PENNSYLVANIA AVE., N.W. SUITE 437 SUITE 821 WASHINGTON DC 20006 20005
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country	3. Date Incorporated or Qualified 11/24/1992	4. FEI Number 23-7409915 Applied For Not Applicable
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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
9. Name and Address of Current Registered Agent CARLSTEDT, CLIFFORD 770 S. PALM AVE., #801 SARASOTA FL 34236	
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 617.1506, 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 3, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE FLYNN, CHARLOTTE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLYNN, CHARLOTTE		1.2 NAME	
STREET ADDRESS 7710 W. RIM DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP AUSTIN TX 78731		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE DELEORY, CATHERINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELEORY, CATHERINE		2.2 NAME	
STREET ADDRESS 190 ALLENGAHNY ST		2.3 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02120		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE CARLSTEDT, CLIFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLSTEDT, CLIFF		3.2 NAME	
STREET ADDRESS 770 S. PALM AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34236		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE FULLER, TIMOTHY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FULLER, TIMOTHY		4.2 NAME	
STREET ADDRESS 1711 MASS AVENUE, NW, #629		4.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DE		4.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE COPPERMAN, DORIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COPPERMAN, DORIS		5.2 NAME	
STREET ADDRESS 3 PENRTH WALK		5.3 STREET ADDRESS	
CITY-ST-ZIP PLEASANT HILL CA 94523		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Timothy Fuller* SIGNATURE REQUIRED *8/4/99 202 737 6637*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #