

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 017 ****61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F92000000427

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

00025784



2. Principal Place of Business

733 15th Street NW

Suite, Apt. #, etc.

Suite 837

City & State

Washington, DC

Zip

20005

25

Country

2a. Mailing Address

733 15th Street NW

Suite, Apt. #, etc.

Suite 837

City & State

Washington, DC

Zip

20005

30

Country

3. Date Incorporated or Qualified

11/24/1992

4. FEI Number

23-7409915

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

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 | Clifford Carlstedt |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 770 S Palm Ave 801 |
| 83 | City | Sarasota Fl 34236 |
| 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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FLYNN, CHARLOTTE | |
| STREET ADDRESS | 7710 W. RIM DRIVE | |
| CITY-ST-ZIP | AUSTIN TX 78731 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DELEORY, CATHERINE | |
| STREET ADDRESS | 190 ALLENGAHNY ST | |
| CITY-ST-ZIP | BOSTON MA 02120 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CARLSTEDT, CLIFF | |
| STREET ADDRESS | 770 S. PALM AVENUE | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FULLER, TIMOTHY | |
| STREET ADDRESS | 1711 MASS AVENUE, NW, #629 | |
| CITY-ST-ZIP | WASHINGTON DE | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | COPPERMAN, DORIS | |
| STREET ADDRESS | 3 PENRITH WALK | |
| CITY-ST-ZIP | PLEASANT HILL CA 94523 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/2000 202 737 6637