

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001381 (1)

1. Corporation Name

LITTLE PEOPLE'S RESEARCH FUND, INC.



Principal Place of Business

Mailing Address

80 SISTER PIERRE DRIVE
TOWSON MD 2120480 SISTER PIERRE DRIVE
TOWSON MD 21204-7534

3. Date Incorporated or Qualified

03/22/1995

3a. Date of Last Report

02/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAFFER, VONNIE
7980 ABERDEEN CIRCLE
LARGO FL 34843

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	CD	<input type="checkbox"/> DELETE
NAME	MCLEWEE, CHARLES E	
STREET ADDRESS	12 SANFORD AVENUE	
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	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GREEN, BLUETT	
STREET ADDRESS	3205 WELLINGTON WAY	
CITY-ST-ZIP	BALDWIN MD 21013	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MIKESELL, DONALD W	
STREET ADDRESS	902 JAMIESON ROAD	
CITY-ST-ZIP	BALTIMORE MD 21093	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUGOFF, DAVID A	
STREET ADDRESS	3305 SHIRLEY LANE	
CITY-ST-ZIP	CHEVY CHASE MD 20815	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPITS, STEVEN E DR	
STREET ADDRESS	5212 ST. ALBANS WAY	
CITY-ST-ZIP	BALTIMORE MD 21212	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	APPLEFIELD, FLORAINE	
STREET ADDRESS	111 HAMLET HILL ROAD, APT. 1112	
CITY-ST-ZIP	BALTIMORE MD 21210	

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 do 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, as applicable, or on an attachment with an address.

SIGNATURE: CHARLES E. MCLEWEE, INCORPORATED, DIR.

Date 1/9/97

(410) 494-0055

CR2E037 (9/96)