

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # F95000001381 (1)

1. Corporation Name

LITTLE PEOPLE'S RESEARCH FUND, INC.

Principal Place of Business

80 SISTER PIERRE DRIVE  
TOWSON MD 21204

Mailing Address

80 SISTER PIERRE DRIVE  
TOWSON MD 21204

3. Date Incorporated or Qualified

03/22/1995

4. FEI Number

52-1195574

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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

SCHAFER, VONNIE  
7980 ABERDEEN CIRCLE  
LARGO FL 34643

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

TITLE CD ☐ DELETE

NAME MCELWEE, CHARLES E  
STREET ADDRESS 12 SANFORD AVENUE  
CITY-ST-ZIP CATONSVILLE MD 21228

TITLE VCD ☐ DELETE

NAME GREEN, BLUETT  
STREET ADDRESS 3205 WELLINGTON WAY  
CITY-ST-ZIP BALDWIN MD 21013

TITLE TD ☐ DELETE

NAME MIKESELL, DONALD W  
STREET ADDRESS 902 JAMIESON ROAD  
CITY-ST-ZIP BALTIMORE MD 21093

TITLE SD ☐ DELETE

NAME DUGOFF, DAVID A  
STREET ADDRESS 3305 SHIRLEY LANE  
CITY-ST-ZIP CHEVY CHASE MD 20815

TITLE D ☐ DELETE

NAME KOPITS, STEVEN E DR  
STREET ADDRESS 5212 ST. ALBANS WAY  
CITY-ST-ZIP BALTIMORE MD 21212

TITLE D ☐ DELETE

NAME APPLEFIELD, FLORAINE  
STREET ADDRESS 111 HAMLET HILL ROAD, APT. 1112  
CITY-ST-ZIP BALTIMORE MD 21210

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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]* **REQUIRE** *1/13/98* 410-494-0055

CR2E037 (10/97)