## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500001381

1. Corporation Name

LITTLE PEOPLE'S RESEARCH FUND, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

80 SISTER PIERRE DRIVE TOWSON MD 21204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

80 SISTER PIERRE DRIVE TOWSON MD 21204

## FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90010 002 \*\*\*\*61.25

	UBIII 40161 KUU	

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

03/22/1995

52-1195574

4. FEI Number

Zip	Country	Zip Coun		<i>'</i>	6. Election Campaign Fina	ncing 🗀	55.00 May Be			
24 25 29		29	30		Trust Fund Contribution		Added to Fees			
	9. Name and Address of Current I		10. Name and Address of New Registered Agent							
	• • • •	•	81	Name						
SCHAFFER, VONNIE				82 Street Address (P.O. Box Number is Not Acceptable)						
7980 ABERDEEN CIRCLE LARGO FL 34643										
								İ		
		•	84	City			85 Zip C	ode		
				1		. FL	<b>■</b>	d1* (59) s		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the abov	e-named corp	oration submits this statement	for the purpose o	changing its r	egistered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was	authorized by	the corporation	on's board of directors. I hereby	accept the appo	intment as reg	istered .		
_	m raminar with, and accept the congatio	115 UI, SECTION O 17.0000, 1 1	O I GE CIECOLO		* *					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Age	nt signature require	d when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	RS IN 12		
TITLE	CD	☐ DELETE	1,1 TITLE		-		☐ Change	☐ Addition		
NAME	MCELWEE, CHARLES E		1.2 NAME	.						
STREET ADDRESS	12 SANFORD AVENUE	•	1.3 STREE	T ADDRESS	•					
CITY-ST-ZIP	CATONSVILLE MD 21228		1.4 CITY-S			•				
TITLE	VCD	☐ DELETE	2.1 TITLE				Change	☐ Addition		
NAME	GREEN, BLUETT		2.2 NAME		•			نسه		
STREET ADDRESS	ASSE MENTINGTON MAY		I '	TADDRESS	•					
	BALDWIN MD 21013		2. 4 CITY-	1	i					
CITY-ST-ZIP	1D	☐ DELETE	3.1 TITLE	01-211	······································		Change	Addition		
	MIKESELL, DONALD W		3.2 NAME							
NAME.		•		T ADDRESS		,				
4.34.45	BALTIMORE MD 21093		3.4. CITY-							
CITY-ST-ZIP	SD SD	☐ DELETE	4.1 TITLE	51-ZIP	<del> </del>		Change	Addition		
TITLE	DUGOFF, DAVID A		4, 1 NAME							
NAME	OOGE CLUDLEY LAND			T ADDRESS	1	• * .		1. 1. 2.		
STREET ADDRESS	CHEVY CHASE MD 20815		1							
CITY-ST-ZIP		DELETE	4.4 CITY-5 5.1 TITLE	ST-ZIP			☐ Change	Addition		
TITLE	PODITE STEVEN E DO		5.1 HILE 5.2 NAME							
NAME	KOPITS, STEVEN E DR			TADDRESS						
STREET ADDRESS			5.4 CITY-5	·						
CITY-ST-ZIP	BALTIMORE MD 21212	☐ DELETE	6.1 TITLE	31- <i>LIF</i>			Change	Addition		
TITLE		C: OELEIE	6.2 NAME							
NAME	APPLEFIELD, FLORAINE	1440								
STREET ADDRESS	1 1	1112		TADDRESS						
CITY-ST-ZIP	BALTIMORE MD 21210		6.4 CITY-		Deather 440 07/3\()\ Electe Ct	tutos I further e	white that the in	formation		
14. I hereby i	certify that the information supplied with	this filing does not qualify to	or the exemp	tion stated in S at my signaturi	ຣection 119.07(3)(t), Florida St e shall have the same legal effe	ect as if made un	der oath; that I	am an		

b. 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 changes or on an attachment with an address with all other like empowered.

SIGNATURE

AFIES E:-MCEIWOO: ACTING EXECUTIVE DIFECTOR—

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#M /1 /999 410-494-0055

(11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable