

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **701488** (9)
1. Corporation Name
THE MIAMI FRIENDS MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.

Principal Place of Business Mailing Address
1185 SUNSET ROAD CORAL GABLES FL 33143 **1185 SUNSET ROAD CORAL GABLES FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/08/1961** 3a. Date of Last Report **04/14/1994**

4. FEI Number **23-7372958** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**EMERSON, DORIS M
1551 SALVATIERRA DR
CORAL GABLES FL 33134**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEDEMA, MAGGIE	1.2 NAME	DAWSON, JON
STREET ADDRESS	175 SE 25 RD, #8-C	1.3 STREET ADDRESS	9830 S.W. 82 Terr.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYRON, DARDEN	2.2 NAME	PYRON, DARDEN
STREET ADDRESS	5634 SW 60 AVE	2.3 STREET ADDRESS	5634 S.W. 60 AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL. 33143
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAZ, EDUARDO	3.2 NAME	Landowne, David
STREET ADDRESS	13625 SW 82ND CT	3.3 STREET ADDRESS	6926 S.W. 62 CT.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33143
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, DORIS M	4.2 NAME	100001464851
STREET ADDRESS	1551 SALVATIERRA DR	4.3 STREET ADDRESS	-04/26/95--01020--018
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	*****68.75 *****68.75
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MERRISS, JOAN	5.2 NAME	100001464851
STREET ADDRESS	28370 SW 182ND AVE	5.3 STREET ADDRESS	-04/26/95--01020--019
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	4/20/95 ALB
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris M. Emerson, DORIS M EMERSON, TR. 2/28/95 305-661-3868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)