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Sep 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified: 01/08/1961
4. FEI Number: 23-7372958
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
23. City & State
24. Zip Country
25. Zip Country
26. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
EMERSON, DORIS M
914 EAST RIDGE VILLAGE DRIVE
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name: ~~GERALDINE GRANT~~ MARY PATRICIA COONS
82 Street Address (P.O. Box Number is Not Acceptable): ~~4724 SW 64 COURT~~ 7830 CAMINO REAL
83 City: ~~MIAMI~~ MIAMI FL 85 Zip Code: ~~33155~~ 33143
84 City: MIAMI MIAMI FL 85 Zip Code: 33155

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: *Mary Patricia Coons* (NOTE: Registered Agent signature required when re-stating) DATE: 6-3-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DAWSON, JON	1.1 TITLE	
NAME: D	9830 S.W. 82 TERR	1.2 NAME	
STREET ADDRESS: D	MIAMI FL 33173	1.3 STREET ADDRESS	
CITY-ST-ZIP: D		1.4 CITY-ST-ZIP	
TITLE: D	PYRON, DARDEN	2.1 TITLE	
NAME: D	5834 SW 60 AVE	2.2 NAME	
STREET ADDRESS: D	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP: D		2.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE: D	LANDOWNE, DAVID	3.1 TITLE	
NAME: D	6926 S.W. 62ND CT.	3.2 NAME	400002651174
STREET ADDRESS: D	MIAMI FL 33143	3.3 STREET ADDRESS	-03/29/98-01007-027
CITY-ST-ZIP: D		3.4 CITY-ST-ZIP	***61.25
TITLE: T	EMERSON, DORIS M	4.1 TITLE	TREASURER
NAME: T	914 EAST RIDGE VILLAGE DRIVE	4.2 NAME	MARY PATRICIA COONS
STREET ADDRESS: T	MIAMI FL	4.3 STREET ADDRESS	7830 CAMINO REAL #K209
CITY-ST-ZIP: T		4.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE: D	MERRISS, JOAN	5.1 TITLE	DIRECTOR
NAME: D	28370 SW 182ND AVE	5.2 NAME	JOHN STEVENS
STREET ADDRESS: D	HOMESTEAD FL 33030	5.3 STREET ADDRESS	9430 SW 93 AV
CITY-ST-ZIP: D		5.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE: D	GRANT, GERALDINE	6.1 TITLE	PRES.
NAME: D	4724 SW 64 COURT	6.2 NAME	GERALDINE GRANT
STREET ADDRESS: D	MIAMI FL	6.3 STREET ADDRESS	4724 S.W. 64 COURT
CITY-ST-ZIP: D		6.4 CITY-ST-ZIP	MIAMI, FL 33155

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: *Mary Patricia Coons* 755-7932

CR2E037 (10/97)