

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003123

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: FRIENDS RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

505 BALTIMORE AVENUE  
TOWSON, MD 21204

**New Principal Place of Business:**

505 BALTIMORE AVENUE  
TOWSON, MD 21204

**Current Mailing Address:**

5318 HERONVIEW DRIVE  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 52-0701445      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RUBIN, NED  
5318 HERONVIEW DRIVE  
JACKSONVILLE, FL 32257      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAMSAY, JOHN B III  
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676  
City-St-Zip: BALTIMORE, MD 21285

Title: VD ( ) Delete  
Name: BLACKBURN, JUDITH S DR  
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676  
City-St-Zip: BALTIMORE, MD 21285

Title: SD ( ) Delete  
Name: FEINGOLD, FAITH S  
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676  
City-St-Zip: BALTIMORE, MD 21285

Title: TD ( ) Delete  
Name: KING, STEVEN CPA  
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676  
City-St-Zip: BALTIMORE, MD 21285

Title: D ( ) Delete  
Name: BROWN, JANET KLEIN MSW, JD  
Address: 300 W PRESTON STREET, ROOM 302  
City-St-Zip: BALTIMORE, MD 21201

Title: D ( ) Delete  
Name: BURKE, CLYDE R M.B.A.  
Address: 14435 CHERRY LANE COURT, SUITE 418  
City-St-Zip: LAUREL, MD 20707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GLASS, SHELDON D MD  
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676  
City-St-Zip: BALTIMORE, MD 21285

Title: VD (X) Change ( ) Addition  
Name: FEINGOLD, FAITH S LCSW  
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676  
City-St-Zip: BALTIMORE, MD 21285

Title: SD (X) Change ( ) Addition  
Name: WHEDBEE, THOMAS C M.ED.  
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676  
City-St-Zip: BALTIMORE, MD 21285

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BLACKBURN, JUDITH S PH.D.  
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676  
City-St-Zip: BALTIMORE, MD 21285

Title: D (X) Change ( ) Addition  
Name: DECKER, CURTIS L JD  
Address: 505 BALTIMORE AVENUE, P.O. BOX 10676  
City-St-Zip: BALTIMORE, MD 21285

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NED RUBIN, DIRECTOR OF REGULATORY COMPLNCE

MR

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date