

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90011 021 \*\*\*\*61.25

**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 701488

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



609942-90014-44 2 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		2b		01/08/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		23-7372958	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
4		25		29	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COONS, MARY PATRICIA 7830 CAMINO REAL K-209 MIAMI FL 33143				81 Name Doris Emerson 82 Street Address (P.O. Box Number Not Acceptable) 914 East Ridge Village Dr. 83 84 City Miami FL 85 Zip Code 33157	
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 <u>Doris M. Emerson</u>				DATE 8-18-99	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, JON	1.2 NAME	Emerson, Doris
STREET ADDRESS	9830 S.W. 82 TERR	1.3 STREET ADDRESS	914 East Ridge Village Dr.
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	Miami FL 33157
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYRON, DARDEN	2.2 NAME	
STREET ADDRESS	5634 SW 60 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDOWNE, DAVID	3.2 NAME	
STREET ADDRESS	6926 S.W. 62ND CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONS, MARY PATRICIA	4.2 NAME	
STREET ADDRESS	7830 CAMINO REAL #K-209	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, JOHN	5.2 NAME	
STREET ADDRESS	9430 S.W. 93 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, GERALDINE	6.2 NAME	
STREET ADDRESS	4724 SW 64 COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	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, with all other like empowered.

SIGNATURE:

Geraldine Grant  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doris M. Emerson

7/4/99 305-596-1960  
 Date Daytime Phone #

8/14/99 305-251-7073  
 Date Daytime Phone #

CR2E037 (5/99)