## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701488** 

FILED Mar 11, 2006 Secretary of State

Entity Name: THE MIAMI FRIENDS MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1185 SUNSET ROAD CORAL GABLES, FL 33143 **Current Mailing Address: New Mailing Address:** 1185 SUNSET ROAD CORAL GABLES, FL 33143 FEI Number: 23-7372958 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERRON, JUDITH 1036 POPLAR CIRCLE WESTON, FL 33326 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition FORREST, PETER Name: Name: 50 SW 68 AVE. Address: Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip: Title: () Delete Title: () Change () Addition LANDOWNE, DAVID Name: Name: Address: 6926 S.W. 62ND CT. Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HERRON, JUDITH Name: HERRON, JUDITH Name: 1036 POPLAR CIRCLE 4225 JUSTISON COURT Address: Address: City-St-Zip: WESTON, FL 33157 City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: () Change () Addition Name: EMERSON, DORIS Name: 914 EAST RIDGE VILLAGE DRIVE Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition O'SULLIVAN, GERALDINE Name: Name: 7240 SW 64TH CT Address: Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: () Change () Addition SAMPIERI, JOAN Name: Name: Address: 9031 SW 62 TR Address: MIAMI, FL 33173 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DORIS M. EMERSON P 03/11/2006