

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90069 036 ****61.25

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1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7372958**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMERSON, DORIS
914 EAST RIDGE VILLAGE DR
MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **DAWSON, JON**
STREET ADDRESS **9830 S.W. 82 TERR**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **PETER FORREST** ☐ Change ☒ Addition
NAME **50 S.W. 68 AV**
STREET ADDRESS **MIAMI, FL 33144**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PYRON, DARDEN**
STREET ADDRESS **5634 SW 60 AVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LANDOWNE, DAVID**
STREET ADDRESS **6926 S.W. 62ND CT.**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **EMERSON, DORIS**
STREET ADDRESS **914 EAST RIDGE VILLAGE DR**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **HOSKINS, WARREN**
STREET ADDRESS **12040 SW 187TH ST**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROEDEMA, MARGARET**
STREET ADDRESS **175 SE 25TH RD 8C**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Doris M. Emerson**

3-3-03

305-251-7073

CR2E037 (10/02)