FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **706247** **(4)**

1. Corporation Name

SOUTHEASTERN YEARLY MEETING, RELIGIOUS SOCIETY O F FRIENDS, INC.

Principal Place of Business	Mailing Address
3112 VIA DOS ORLANDO FL 32817	3112 VIA DOS ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1963
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1226463 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1822 Medart Dr.	26 1822 Medart Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee FL	City & State 28 Tallahassee, FL
Zip / Country 24 32303 / 25 USA	Zip / Country 29 32303 / 30 USA

9. Name and Address of Current Registered Agent

CARLIE, VICKI
3112 VIA DOS
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name: Nadine Mandolang
82 Street Address (P.O. Box Number is Not Acceptable): 1822 Medart Dr
83:
84 City: Tallahassee FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Nadine Mandolang Nadine Mandolang, Secretary 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	Tr ☒ Change ☐ Addition
NAME	WOLFE, BARBARA	12 NAME	Wolfe, Barbara
STREET ADDRESS	17920 BURNSIDE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	T/Tr ☐ Change ☒ Addition
NAME	MARTIN, ALMEDA	22 NAME	Herbert Haigh
STREET ADDRESS	5950 PELICAN BAY PL A103 delete	23 STREET ADDRESS	800 Madonna Blvd.
CITY-ST-ZIP	GULFPORT FL 33707	24 CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	S	31 TITLE	S ☐ Change ☒ Addition
NAME	BUSKIRK, PHILIP	32 NAME	Nadine Mandolang
STREET ADDRESS	200 N.W. 34 DR. delete	33 STREET ADDRESS	1822 Medart Dr.
CITY-ST-ZIP	GAINESVILLE FL 32607	34 CITY-ST-ZIP	Tallahassee FL 32303
TITLE	P	41 TITLE	Tr ☒ Change ☐ Addition
NAME	LEPKE, JOHN	42 NAME	Lepke, John
STREET ADDRESS	1100 S.W. 25 PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Tr ☒ Change ☐ Addition
NAME	JORDAN, STEVE	52 NAME	Jordan, Steve
STREET ADDRESS	316 CHELSEA ST.	53 STREET ADDRESS	3116 Chelsea St.
CITY-ST-ZIP	ORLANDO FL 32803	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	P ☒ Change ☐ Addition
NAME	HOWARD, GAY	62 NAME	Howard, Gay
STREET ADDRESS	2705 NEUCHATEL	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	64 CITY-ST-ZIP	4/25/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nadine Mandolang Nadine Mandolang 4/24/95 904 422 1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034288