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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90005 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706247

1. Corporation Name

SOUTHEASTERN YEARLY MEETING, RELIGIOUS SOCIETY OF FRIENDS, INC.

Principal Place of Business

1115 NW 40TH DRIVE
GAINESVILLE FL 32605

Mailing Address

1115 NW 40TH DRIVE
GAINESVILLE FL 32605



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/04/1963
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1226463
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HOOVER, NADINE C
1822 MEDART DR.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name **Annie McPherson**
82 Street Address (P.O. Box Number is Not Acceptable)
1115 NW 40th Drive
83 **Gainesville, FL 32605**
84 City **FL** 85 Zip Code **32605**

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

Annie McPherson *Secretary* *1-10-99*

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	Treasurer
NAME	WOLFE, BARBARA	1.2 NAME	Liz Jensen
STREET ADDRESS	17920 BURNSIDE ROAD	1.3 STREET ADDRESS	612 Ardmore
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	W. Palm Beach, FL 33401
TITLE	T/IR	2.1 TITLE	
NAME	HAIGH, HERBERT	2.2 NAME	
STREET ADDRESS	651 6TH AVE. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Secretary
NAME	HOOVER, NADINE	3.2 NAME	Annie McPherson
STREET ADDRESS	1822 MEDART DR.	3.3 STREET ADDRESS	1115 NW 40th Drive
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	TR	4.1 TITLE	
NAME	LEPKE, JOHN	4.2 NAME	
STREET ADDRESS	1100 S.W. 25 PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	Vice-President (Asst. Clerk)
NAME	JORDAN, STEVE	5.2 NAME	Steve Angell
STREET ADDRESS	3116 CHELSEA ST.	5.3 STREET ADDRESS	1303 Mountbatten Rd.
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP	Tallahassee FL 32301
TITLE	P	6.1 TITLE	President (Clerk)
NAME	HOWARD, GAY	6.2 NAME	Cecelia Youm
STREET ADDRESS	2705 NEUCHATEL	6.3 STREET ADDRESS	5023 E. 110 Avenue
CITY-ST-ZIP	TALLAHASSEE FL 32303	6.4 CITY-ST-ZIP	Tampa FL 33617

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Annie McPherson *1-10-99* *352-336-7689*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)