

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706247

FILED
Apr 20, 2007
Secretary of State

Entity Name: SOUTHEASTERN YEARLY MEETING, RELIGIOUS SOCIETY OF FRIENDS, INC.

Current Principal Place of Business:

312 BANYAN WAY
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510795
MELBOURNE BEACH, FL 329510795

New Mailing Address:

FEI Number: 59-1226463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPE, LYN
312 BANYAN WAY
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: ANDERSEN, NEIL
Address: 98 FOX RUN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 323272486 US

Title: P () Delete
Name: TAYLOR, SUSAN
Address: 1505 KOLPAKIN NENE
City-St-Zip: TALLAHASSEE, FL 323014731 US

Title: AS () Delete
Name: LESNICK, ED
Address: 2601 BENT HICKORY CIRCLE
City-St-Zip: LONGWOOD, FL 327792634 US

Title: BD () Delete
Name: ANDERSEN, PHOEBE
Address: 98 FOX RUN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 323272486 US

Title: VP () Delete
Name: BRENNAN, SYBIL
Address: 22151 NE 151ST LANE
City-St-Zip: SALT SPRINGS, FL 321347109 US

Title: P () Delete
Name: FENNELL, NANCY
Address: 52 FENNY BOSK TRAIL
City-St-Zip: VENUS, FL 339602155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LYN COPE

AS

04/20/2007

Electronic Signature of Signing Officer or Director

Date