

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717360

FILED
Jun 24, 2009
Secretary of State

Entity Name: UNIVERSITY OF MIAMI FRIENDS OF PHYSICS, INCORPORATED

Current Principal Place of Business:

1046 ALFONSO AVE.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1046 ALFONSO AVE.
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-1731554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HIRSCHBERG, JOSEPH G
1046 ALFONSO AVE.
CORAL GABLES, FL 33146 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: P () Delete
Name: BURCH, STEWART
Address: 1394 NW 192ND AVE
City-St-Zip: PEMBROKE PINES, FL

Title: ST () Delete
Name: HIRSCHBERG, JOSEPH G. DR
Address: 1046 ALFONSO AVE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D () Delete
Name: DI MARIO, ARTHUR
Address: 12831 S.W. 115TH TERRACE
City-St-Zip: MIAMI, FL 33186 US

Title: D () Delete
Name: WELLINGTON, JAMES W
Address: 212 PHOENETIA AVE., NO 4
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BYRNE, JAMES D.
Address: 851 BLUERIDGE WAY
City-St-Zip: DAVIE, FL

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:

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 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: JOSEPH G. HIRSCHBERG

PRES

06/24/2009

Electronic Signature of Signing Officer or Director

_____ Date