

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **845969** (5)

1. Corporation Name

AMERICAN FRIENDS SERVICE COMMITTEE, INC.



Principal Place of Business: **1501 CHERRY STREET PHILADELPHIA PA 19102**
Mailing Address: **1501 CHERRY ST 1501 CHERRY ST PHILADELPHIA PA 19102 US**

3. Date Incorporated or Qualified: **05/12/1980**
3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **23-1352010**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, KARA L	1.2 NAME	
STREET ADDRESS	1501 CHERRY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, OUPLP. OMPIUE	2.2 NAME	Bassett, Miyo
STREET ADDRESS	1600 BROOKLYN AVE	2.3 STREET ADDRESS	1600 Brooklyn Ave.
CITY-ST-ZIP	ANN ARBOR MI	2.4 CITY-ST-ZIP	Ann Arbor, MI 48104
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Chair <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDEN, JEAN L	3.2 NAME	Gann, Donald
STREET ADDRESS	2201 CENTER AVENUE	3.3 STREET ADDRESS	1127 Greenspring Valley Road
CITY-ST-ZIP	MADISON WI	3.4 CITY-ST-ZIP	Lutherville, MD 21093
TITLE	Y <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKLIN, KATE	4.2 NAME	
STREET ADDRESS	6 BUTLER PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, TOM	5.2 NAME	
STREET ADDRESS	616 SE MANCHESTER PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, LAWRENCE W	6.2 NAME	Lord, Philip
STREET ADDRESS	2826 CENTRAL AVENUE	6.3 STREET ADDRESS	220 E. Mermaid Lane, # 208
CITY-ST-ZIP	MEMPHIS TN	6.4 CITY-ST-ZIP	Philadelphia, PA 19118

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)(k), 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: *Kara Newell* **3/11/96** (215) 241-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)