

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 845969 (5)**  
1. Corporation Name  
**AMERICAN FRIENDS SERVICE COMMITTEE, INC.**



Principal Place of Business <b>1501 CHERRY STREET PHILADELPHIA PA 19102</b>	Mailing Address <b>1501 CHERRY ST 1501 CHERRY ST PHILADELPHIA PA 19102-1429 US</b>
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3. Date Incorporated or Qualified <b>05/12/1980</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>23-1352010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>ED</b> <input type="checkbox"/> DELETE
NAME	<b>NEWELL, KARA L</b>
STREET ADDRESS	<b>1501 CHERRY STREET</b>
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BASSETT, MIYO</b>
STREET ADDRESS	<b>1600 BROOKLYN AVENUE</b>
CITY - ST - ZIP	<b>ANN ARBOR MI</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>GANN, DONALD</b>
STREET ADDRESS	<b>1127 GREENSPRING VALLEY ROAD</b>
CITY - ST - ZIP	<b>LUTHERVILLE MD</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>NICKLIN, KATE</b>
STREET ADDRESS	<b>6 BUTLER PLACE</b>
CITY - ST - ZIP	<b>GARDEN CITY NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEAD, TOM</b>
STREET ADDRESS	<b>616 SE MANCHESTER PLACE</b>
CITY - ST - ZIP	<b>PORTLAND OR</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LORD, PHILIP</b>
STREET ADDRESS	<b>220 E. MERMAID LANE #208</b>
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Kara L. Newell* **REQUIRED** Kara L. Newell (215) 241-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078183

CR2E037 (9/96)