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Apr 20, 1999 8:00 am
Secretary of State

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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 # 845969

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/12/1980	4. FEI Number 23-1352010 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 **FL** 85 Zip Code

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

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

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	Vice Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ronald E. Mattson Baltimore, MD 21210
2.3 STREET ADDRESS	Stony Run 5116 N. Charles St.
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	Vice Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paula Rhodes, College of Law
4.3 STREET ADDRESS	University of Denver, 1900 Olive St.
4.4 CITY-ST-ZIP	Denver, CO 80220
5.1 TITLE	Vice Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mariagnes Aya Medrud
5.3 STREET ADDRESS	3155 Stanford Ave.
5.4 CITY-ST-ZIP	Boulder, CO 80303
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 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, with all other like empowered.

SIGNATURE: **Kara L Newell, Executive Director** *Kara Newell* 4/13/99 (215) 241-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)