

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 845969**

1. Entity Name  
AMERICAN FRIENDS SERVICE COMMITTEE, INC.



Principal Place of Business  
1501 CHERRY STREET  
PHILADELPHIA, PA 19102

Mailing Address  
1501 CHERRY STREET  
PHILADELPHIA, PA 19102



02042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-1352010

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	GS
NAME	MCNISH, MARY E
STREET ADDRESS	1501 CHERRY STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	CO
NAME	LACEY, PAUL
STREET ADDRESS	333 COLLEGE AVENUE
CITY-ST-ZIP	RICHMOND, IN 47374
TITLE	T
NAME	FLETCHER, JAMES
STREET ADDRESS	301 CECELIA LOOP
CITY-ST-ZIP	COLLEGE STATION, TX 77845
TITLE	O
NAME	MUNSON, JOHN B
STREET ADDRESS	2237 NE HANCOCK STREET
CITY-ST-ZIP	PORTLAND, OR 97212
TITLE	O
NAME	KELLY, ARLENE
STREET ADDRESS	550 W QUEEN LANE
CITY-ST-ZIP	PHILADELPHIA, PA 19118
TITLE	O
NAME	WOODROW, PETER
STREET ADDRESS	4854 DAKOTA BLVD
CITY-ST-ZIP	BOULDER, CO 80304

**DO NOT WRITE  
IN THIS SPACE**

1101000365081  
05/09/05-80023-006 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mary Ellen McNish Mary Ellen McNish 5/5/05 215/241-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #