

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10052007 REIN-NP CR2E099 (1/07)	
Zip		Country		4. FEI Number 23-1352010	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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		JAMES M. NEWSOME Special Assistant Secretary		DATE 10/5/07	
<small>Signature typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS MCNISH, MARY E 1501 CHERRY STREET PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800110742359 10/12/07--01061--023 **306.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO LACEY, PAUL 333 COLLEGE AVENUE RICHMOND, IN 47374	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLETCHER, JAMES 301 CECELIA LOOP COLLEGE STATION, TX 77845	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MUNSON, JOHN B 2237 NE HANCOCK STREET PORTLAND, OR 97212	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KELLY, ARLENE 550 W QUEEN LANE PHILADELPHIA, PA 19118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WOODROW, PETER 115 BRETS ROAD BRATTLEBORO, VT 05301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			Date 10/5/07 (215) 241-7000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

10/15/07