

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90082 046 ****70.00

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
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-1352010	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS MCNISH, MARY E 1501 CHERRY STREET PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO LACEY, PAUL 333 COLLEGE AVENUE RICHMOND, IN 47374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLETCHER, JAMES 301 CECELIA LOOP COLLEGE STATION, TX 77845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KELLY, ARLENE 550 W QUEEN LANE PHILADELPHIA, PA 19118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WOODROW, PETER 115 BRETS ROAD BRATTLEBORO, VT 05301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Mary Ellen McNish MARY ELLEN MCNISH 4/23/08 (215) 241-7076

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