

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

0017088

**DOCUMENT # 845969**

1. Entity Name

**AMERICAN FRIENDS SERVICE COMMITTEE, INC.**



07-28-2003 90145 021 \*\*\*\*70.00

Principal Place of Business

**1501 CHERRY STREET  
PHILADELPHIA PA 19102**

Mailing Address

**1501 CHERRY ST  
1501 CHERRY ST  
PHILADELPHIA PA 19102  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-1352010**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>GS</b>	<input type="checkbox"/> Delete
NAME	<b>MCNISH, MARY ELLEN</b>	
STREET ADDRESS	<b>1501 CHERRY STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102</b>	
TITLE	<b>CO</b>	<input type="checkbox"/> Delete
NAME	<b>LACEY, PAUL</b>	
STREET ADDRESS	<b>333 COLLEGE AVENUE</b>	
CITY-ST-ZIP	<b>RICHMOND IN 47374</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FLETCHER, JAMES</b>	
STREET ADDRESS	<b>301 CECELIA LOOP</b>	
CITY-ST-ZIP	<b>COLLEGE STATION TX 77845</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Delete
NAME	<b>MUNSON, JOHN B</b>	
STREET ADDRESS	<b>2237 NE HANCOCK STREET</b>	
CITY-ST-ZIP	<b>PORTLAND OR 97212</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Delete
NAME	<b>LORD, PHILIP</b>	
STREET ADDRESS	<b>220 EAST MERMAID, STE 208</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19118</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Delete
NAME	<b>WALTZ, SUSAN</b>	
STREET ADDRESS	<b>202 E RIVERSIDE STREET</b>	
CITY-ST-ZIP	<b>WILLIAMSTON MI 48895</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 7/21/03 215/241-7000**

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

CR2E037 (4/03)