

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005370

FILED
Jul 17, 2008
Secretary of State

Entity Name: THE SOCIETY FOR RESEARCH ON IDENTITY FORMATION, INC.

Current Principal Place of Business:

DEPARTMENT OF PSYCHOLOGY
FLORIDA INT'L UNIVERSITY
UNIVERSITY PARK, FL 33199

New Principal Place of Business:

Current Mailing Address:

DEPARTMENT OF PSYCHOLOGY
FLORIDA INT'L UNIVERSITY
UNIVERSITY PARK, FL 33199

New Mailing Address:

FEI Number: 65-0937815 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KURTINES, WILLIAM M
11 ISLAND AVE
APT# 1812
MIAMI, FL 33139 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KURTINES, WILLIAM M
Address: 11 ISLAND AVE APT #1812
City-St-Zip: MIAMI, FL 33139

Title: VD () Delete
Name: MONTGOMERY, MARILYN J
Address: 11 ISLAND AVE APT #1812
City-St-Zip: MIAMI, FL 33139

Title: SD () Delete
Name: SCHWARTZ, SETH J
Address: 1791 NW 96TH AVE, STE 500
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. KURTINES

DR.

07/17/2008

Electronic Signature of Signing Officer or Director

Date