

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005370

FILED  
Apr 01, 2009  
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:**

FIU - DEPARTMENT OF PSYCHOLOGY  
11200 SW 8 STREET, DM 256 , SRIF  
MIAMI, FL 33199

**Current Mailing Address:**

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

**New Mailing Address:**

FIU - DEPARTMENT OF PSYCHOLOGY  
11200 SW 8 STREET, DM 256 , SRIF  
MIAMI, FL 33199

FEI Number: 65-0937815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KURTINES, WILLIAM M  
FIU - DEPARTMENT OF PSYCHOLOGY  
11200 SW 8 STREET, DM 256 , SRIF  
MIAMI, FL 33199 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:

04/01/2009

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 (X) 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: PD (X) Change ( ) Addition  
Name: KURTINES, WILLIAM M  
Address: FIU - DEPARTMENT OF PSYCHOLOGY  
City-St-Zip: MIAMI, FL 33199

Title: VD (X) Change ( ) Addition  
Name: MONTGOMERY, MARILYN J  
Address: FLORIDA INT'L UNIV- COLLEGE OF EDUCATION  
City-St-Zip: MIAMI, FL 33199

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

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date