

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 02, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-0937815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KURTINES, WILLIAM M PH.D.
FIU - DEPARTMENT OF PSYCHOLOGY
11200 SW 8 STREET, DM 256 , SRIF SOCIETY
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: WILLIAM M. KURTINES, PH.D.

09/02/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KURTINES, WILLIAM M PH.D.
Address: FIU - DEPARTMENT OF PSYCHOLOGY
City-St-Zip: MIAMI, FL 33199

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM M. KURTINES, PH.D.

PD

09/02/2010

Electronic Signature of Signing Officer or Director

Date