## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005370

FILED Jan 09, 2012 Secretary of State

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

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

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

**Current Mailing Address:** 

New Mailing Address:

FIU - DEPARTMENT OF PSYCHOLOGY 11200 SW 8 STREET, DM 256, SRIF SOCIETY MIAMI, FL 33199 PENN STATE WS - DEPT OF HDFS 120 RIDGE VIEW DRIVE , SRIF SOCIETY DUNMORE, PA 18512

FEI Number: 65-0937815 FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

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 JOHNSON, H. DURELL PH.D. C/O MARILYN MONTGOMERY, FIU DEPT OF PSYCH 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: H. DURELL JOHNSON

01/09/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Γitle: PRES

Name: JOHNSON, H. DURELL PH.D.

Address: PENN STATE WS, 120 RIDGE VIEW DR

City-St-Zip: DUNMORE, PA 18512

Title: VP

Name: MONTGOMERY, MARILYN J

Address: FLORIDA INT'L UNIV- DEPT OF PSYCH

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: H. DURELL JOHNSON

PRES

01/09/2012