

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701488** (9)
1. Corporation Name
THE MIAMI FRIENDS MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.



Principal Place of Business: 1185 SUNSET ROAD CORAL GABLES FL 33143
Mailing Address: 1185 SUNSET ROAD CORAL GABLES FL 33143

3. Date Incorporated or Qualified: 01/08/1961
3a. Date of Last Report: 04/20/1995
4. FEI Number: 23-7372958
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**EMERSON, DORIS M
1551 SALVATIERRA DR
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81. Name: **EMERSON, DORIS M.**
82. Street Address (P.O. Box Number is Not Acceptable): **914 EAST RIDGE VILLAGE DR.**
83.
84. City: **MIAMI** FL 85. Zip Code: **33137**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, JON	1.2 NAME	
STREET ADDRESS	9830 S.W. 82 TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33173	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYRON, DARDEN	2.2 NAME	
STREET ADDRESS	5634 SW 60 AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDOWNE, DAVID	3.2 NAME	
STREET ADDRESS	6926 S.W. 62ND CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, DORIS M	4.2 NAME	EMERSON, DORIS M
STREET ADDRESS	1551 SALVATIERRA DR	4.3 STREET ADDRESS	914 EAST RIDGE VILLAGE DR.
CITY - ST - ZIP	CORAL GABLES FL 33134	4.4 CITY - ST - ZIP	MIAMI, FL 33137
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRISS, JOAN	5.2 NAME	
STREET ADDRESS	28370 SW 182ND AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL 33030	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris M. Emerson **DORIS M. EMERSON** 1/27/96 305-251-7073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)