

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# F93000003138

Entity Name: FRIENDS OF BIJNOR, INC.

Current Principal Place of Business:

3525 SHAMLEY DRIVE
TUSCALOOSA, AL 35406

New Principal Place of Business:

Current Mailing Address:

3525 SHAMLEY DRIVE
TUSCALOOSA, AL 35406

New Mailing Address:

FEI Number: 11-3056403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACOSTE, RENE
548 93RD AVENUE NORTH
NAPLES, FL 341082437 US

Name and Address of New Registered Agent:

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: ED () Delete
Name: CLAVELLI, ESTELLE R
Address: 3525 SHAMLEY DRIVE
City-St-Zip: TUSCALOOSA, AL 35406

Title: P () Delete
Name: MUNDADAN, GRATIANE RT REV
Address: BISHOP'S HOUSE,
City-St-Zip: KOTDWAR-GARHWAL, INDIA, OC

Title: V () Delete
Name: CHERNESKY, MADONNA
Address: 7918 WINGATE DRIVE
City-St-Zip: GLEN DALE, MD 207692012

Title: ST () Delete
Name: LACOSTE, RENE
Address: 548 93RD AVENUE NORTH
City-St-Zip: NAPLES, FL 341082437

Title: D () Delete
Name: WOLINSKI, JOHN
Address: 6900 NW 74TH PLACE
City-St-Zip: TAMARAC, FL 333215246

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D () Change (X) Addition
Name: KURIAN, JOSE
Address: 50 GUION PLACE
City-St-Zip: NEW ROCHELLE, NY 10801

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: ESTELLE RYAN CLAVELLI

ED

04/30/2009

Electronic Signature of Signing Officer or Director

Date