

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003138 (5)

1. Corporation Name

FRIENDS OF BIJNOR, INC.



Principal Place of Business

7518 NW 66TH TERRACE
TAMARAC FL 33321

Mailing Address

7518 NW 66TH TERRACE
TAMARAC FL 33321

3. Date Incorporated or Qualified
07/07/1993

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

11-3056403

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

g. Name and Address of Current Registered Agent

**FREMER, GERALDINE
7518 NW 66TH TERRACE
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~OFFICER~~ **DIRECTOR** DELETE

NAME **FREMER, GERALDINE**
STREET ADDRESS **7518 N. W. 66TH TERRACE**
CITY-ST-ZIP **TAMARAC FL**

TITLE ~~OFFICER~~ **DIRECTOR** DELETE

NAME **KOTTOOR, VARGHESE C**
STREET ADDRESS **BISHOP'S HOUSE, KOTDWAR-GARHWAL**
CITY-ST-ZIP **U. P. 246 149 IN**

TITLE **S** DELETE

NAME **CURTIN, TIMOTHY A. REV**
STREET ADDRESS **ST. IGNATIUS RETREAT HOUSE**
CITY-ST-ZIP **SEARINGTOWN ROAD MA**

TITLE **TRUSTEE** DELETE

NAME **MUNDADAN, GRATIAN J. REV**
STREET ADDRESS **BISHOP'S HOUSE, KOTDWAR-GARHWAL**
CITY-ST-ZIP **U. P. 246 149 IN**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001771198
-04/05/96--01083--002
*****70.00**

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:

Geraldine Fremer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geraldine Fremer

2/14/96

Date

954-726-2825

Daytime Phone #

CR2E037 (12/95)

4-5-96