

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003138

Entity Name: FRIENDS OF BIJNOR, INC.

Current Principal Place of Business:

50 GUION PLACE
APT. 3H
NEW ROCHELLE, NY 10801

Current Mailing Address:

50 GUION PLACE
APT 3H
NEW ROCHELLE, NY 10801 US

FEI Number: 11-3056403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAMPILLY, BINU MR.
11426 OYSTER BAY CIRCLE
NEW PORT RICHEY, FL 34654 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: MR. BINU MAMPILLY

02/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VADAKEL, JOHN RT REV
Address BISHOP'S HOUSE, PO PAURI DT
City-State-Zip: KOTDWAR, UTTARAKHAND UP
24614-9

Title ST
Name KURIAN, JOSE MR
Address 50 GUION PLACE APT 3H
City-State-Zip: NEW ROCHELLE NY 10801

Title DIR
Name LACOSTE, MARK MR
Address 204 6TH STREET
City-State-Zip: DENTON MD 21629

Title VP
Name KOTTOOR, CYRIAC MR
Address 90 FIELDSTONE
City-State-Zip: STAMFORD CT 06902

Title DIR
Name MAMPILLY, BINU PMR
Address 11426 OYSTER BAY CIRCLE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIR
Name MALIEKEL, SHEILA DR
Address 910 N LAKE SHORE DR APT. 818
City-State-Zip: CHICAGO IL 60611-1588

Title DIR
Name PUNNOOSE, BINU MR.
Address 24 FRIEND ST.
City-State-Zip: CONGERS NY 10920

Title CHAIRMAN
Name MUNDADAN, GRATIAN RT. REV.
Address BISHOP'S HOUSE
City-State-Zip: KOTDWAR UTTARAKHAND UP
246149 IN

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: JOSE KURIAN

ST

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date