

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # F93000003138 (5)

1. Corporation Name
FRIENDS OF BIJNOR, INC.



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|--|---|
| Principal Place of Business 7518 NW 66TH TERRACE TAMARAC FL 33321 | Mailing Address 7518 NW 66TH TERRACE TAMARAC FL 33321-5203 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/07/1983 | 3a. Date of Last Report 04/05/1996 |
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| | | | |
|---|----------------------------------|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 11-3056403 | Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

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|--|
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

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 reinstating) _____ 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 | FREMER, GERALDINE | 1.2 NAME | |
| STREET ADDRESS | 7518 N. W. 66TH TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOTTOOR, VARGHESE C | 2.2 NAME | |
| STREET ADDRESS | BISHOP'S HOUSE, KOTDWAR-GARHWAL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | U. P. 246 149 IN | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CURTIN, TIMOTHY A REV | 3.2 NAME | |
| STREET ADDRESS | ST. IGNATIUS RETREAT HOUSE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEARINGTOWN ROAD MA | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUNDADAN, GRATIAN J REV | 4.2 NAME | |
| STREET ADDRESS | BISHOP'S HOUSE, KOTDWAR-GARHWAL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | U. P. 246 149 IN | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] **REQUIRE** _____ Date _____ Daytime Phone # **0036901**

CR2E037 (9/96)