

2023 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F93000003138

Entity Name: FRIENDS OF BIJNOR, INC.

Current Principal Place of Business:

24 FRIEND ST.
CONGERS, NY 10920

Current Mailing Address:

24 FRIEND ST.
CONGERS, NY 10920 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

05/15/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name NELLAIPARAMBIL, VINCENT RT. REV
Address BISHOP'S HOUSE, PO PAURI DT
City-State-Zip: KOTDWAR, UTTARAKHAND 24614-9

Title TREASURER
Name KURIAN, JOSE MR
Address 24 FRIEND ST.
City-State-Zip: CONGERS NY 10920

Title VP
Name KOTTOOR, CYRIAC MR
Address 19130 SALADO CANYON
City-State-Zip: SAN ANTONIO TX 78258

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 VADAKEL, JOHN RT. REV.
Address BISHOP'S HOUSE
City-State-Zip: KOTDWAR UP 246149 IN

Title SECRETARY
Name CLAVELLI, ESTELLE RYAN
Address 361 HIGH ROCK STREET
City-State-Zip: NEEDHAM MA 02492

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

TREASURER

05/15/2023

Electronic Signature of Signing Officer/Director Detail

Date