

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:

ANTONY, DONY
6233 LANSDOWNE CIRCLE
BOYNTON BEACH, FL 33472 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: DONY ANTONY

06/05/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIR
Name ANTONY, DONY
Address 6233 LANSDOWNE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title DIR
Name LACOSTE, MARC
Address BEST WESTERN KENT NARROWS
3101 MAIN STREET
City-State-Zip: GRANSONVILLE MD 21638

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

Continues on page 2

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: CYRIAC KOTTOOR

VP & TREASURER

06/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIR
Name AMSBERRY, MIKE
Address 413 S PINE MEADOW STREET
City-State-Zip: SISTERS OR 97759