

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:16**

DOCUMENT # F93000003138 (5)

1. Corporation Name

FRIENDS OF BJNOR, INC.

Principal Place of Business

Mailing Address

**7518 NW 66TH TERRACE
TAMARAC FL 33321**

**7518 NW 66TH TERRACE
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/07/1993

05/25/1994

4. FEI Number

Applied For

11-3056403

Not Applicable

5. Certificate of Status Desired

**\$9.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **CDPS - PRESIDENT**
NAME: **FREMER, GERALDINE**
STREET ADDRESS: **7518 NW 66TH TERRACE**
CITY - ST - ZIP: **TAMARAC FL 33321**

11 TITLE: Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE: **VICE-PRESIDENT**
NAME: **REV. VARGHESE KOTTOOR, CMI**
STREET ADDRESS: **BISHOP'S HOUSE, KOTDWAR-GARHWAL**
CITY - ST - ZIP: **U.P. 246 149, INDIA**

21 TITLE: Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE: **SECRETARY**
NAME: **REV. TIMOTHY A. CURTIN, S.J.**
STREET ADDRESS: **ST. IGNATIUS RETREAT HOUSE**
CITY - ST - ZIP: **SEARINGTOWN ROAD, MANHASSET, NY**

31 TITLE: Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE: **TREASURER**
NAME: **MOST REV. J. GRATIAN MUNDADAN, CMI**
STREET ADDRESS: **BISHOP'S HOUSE, KOTDWAR-GARHWAL**
CITY - ST - ZIP: **U.P. 246 149, INDIA**

41 TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE: Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 817, 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

DATE: **04/27/95**
APPROVAL NUMBER: **205-726-2825**