

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003138 (5)**

1. Corporation Name  
**FRIENDS OF BIJNOR, INC.**



Principal Place of Business <b>7518 NW 66TH TERRACE                  TAMARAC FL 33321</b>	Mailing Address <b>7518 NW 66TH TERRACE                  TAMARAC FL 33321-5203</b>
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3. Date Incorporated or Qualified <b>07/07/1983</b>	3a. Date of Last Report <b>04/05/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>11-3056403</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREMER, GERALDINE</b>	1.2 NAME	
STREET ADDRESS	<b>7518 N. W. 66TH TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOTTOOR, VARGHESE C</b>	2.2 NAME	
STREET ADDRESS	<b>BISHOP'S HOUSE, KOTDWAR-GARHWAL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>U. P. 246 149 IN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURTIN, TIMOTHY A REV</b>	3.2 NAME	
STREET ADDRESS	<b>ST. IGNATIUS RETREAT HOUSE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEARINGTOWN ROAD MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNDADAN, GRATIAN J REV</b>	4.2 NAME	
STREET ADDRESS	<b>BISHOP'S HOUSE, KOTDWAR-GARHWAL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>U. P. 246 149 IN</b>	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] **REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **0036901**

CR2E037 (9/96)