

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2009  
Secretary of State

DOCUMENT# F93000003138

Entity Name: FRIENDS OF BIJNOR, INC.

**Current Principal Place of Business:**

3525 SHAMLEY DRIVE  
TUSCALOOSA, AL 35406

**New Principal Place of Business:**

**Current Mailing Address:**

3525 SHAMLEY DRIVE  
TUSCALOOSA, AL 35406

**New Mailing Address:**

FEI Number: 11-3056403      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LACOSTE, RENE  
548 93RD AVENUE NORTH  
NAPLES, FL 341082437 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: CLAVELLI, ESTELLE R  
Address: 3525 SHAMLEY DRIVE  
City-St-Zip: TUSCALOOSA, AL 35406

Title: P ( ) Delete  
Name: MUNDADAN, GRATIANE RT REV  
Address: BISHOP'S HOUSE,  
City-St-Zip: KOTDWAR-GARHWAL, INDIA, OC

Title: V ( ) Delete  
Name: CHERNESKY, MADONNA  
Address: 7918 WINGATE DRIVE  
City-St-Zip: GLEN DALE, MD 207692012

Title: ST ( ) Delete  
Name: LACOSTE, RENE  
Address: 548 93RD AVENUE NORTH  
City-St-Zip: NAPLES, FL 341082437

Title: D ( ) Delete  
Name: WOLINSKI, JOHN  
Address: 6900 NW 74TH PLACE  
City-St-Zip: TAMARAC, FL 333215246

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: KURIAN, JOSE  
Address: 50 GUION PLACE  
City-St-Zip: NEW ROCHELLE, NY 10801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ESTELLE RYAN CLAVELLI

ED

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date