

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003138

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** FRIENDS OF BIJNOR, INC.

**Current Principal Place of Business:**

3525 SHAMLEY DRIVE  
TUSCALOOSA, AL 35406

**New Principal Place of Business:**

35 JUNE TERRACE  
CANTON, MA 02021

**Current Mailing Address:**

3525 SHAMLEY DRIVE  
TUSCALOOSA, AL 35406

**New Mailing Address:**

35 JUNE TERRACE  
CANTON, MA 02021 US

**FEI Number:** 11-3056403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

LACOSTE, RENE MR.  
5219 HAWKESBURY WAY  
NAPLES, FL 34119 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: RENE LACOSTE

03/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: CLAVELLI, ESTELLE R MS  
Address: 35 JUNE TERRACE  
City-St-Zip: CANTON, MA 02021 US

Title: P  
Name: VADAKEL, JOHN RT REV  
Address: BISHOP'S HOUSE, PO PAURI DT  
City-St-Zip: KOTDWAR, UTTARAKHAND, UP 246149 IN

Title: V  
Name: CHERNESKY, MADONNA MS  
Address: 7918 WINGATE DRIVE  
City-St-Zip: GLEN DALE, MD 207692012 US

Title: ST  
Name: KURIAN, JOSE MR  
Address: 24 FRIEND STREET  
City-St-Zip: CONGERS, NY 10920 US

Title: D  
Name: OFFUTT, JOHN/LAETITIA MR  
Address: 160 MOTTHAVEN  
City-St-Zip: FAIRFIELD GLADE, TN 38558 US

Title: D  
Name: MALIEKEL, SHEILA DR  
Address: 910N LAKE SHORE DR APT. 818  
City-St-Zip: CHICAGO, IL 606111588 US

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: ESTELLE RYAN CLAVELLI

ED

03/22/2010

Electronic Signature of Signing Officer or Director

Date