

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002796

**Entity Name:** INTERNATIONAL INSTITUTE FOR RESTORATIVE PRACTICES, INC.**FILED**  
**Jan 24, 2023**  
**Secretary of State**  
**8149097859CC****Current Principal Place of Business:**531 MAIN ST  
BETHLEHEM, PA 18018**Current Mailing Address:**531 MAIN ST  
BETHLEHEM, PA 18018 US**FEI Number: 23-3069199****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MICHAEL, SMULL  
1905 S. CENTRAL AVENUE  
FLAGLER BEACH, FL 32136 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: MICHAEL SMULL****01/24/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KLIGMAN, LINDA PHD  
Address        105 WALNUT STREET  
City-State-Zip: JENKINTOWN PA 19046

Title            SECRETARY  
Name            GARCIA MENCOS, FLOR  
Address        6A. CALLE A  
City-State-Zip: GUATEMALA CITY 31-83 ZONA 11

Title            CHAIRMAN  
Name            LYNN, BRANHAM SANDERS  
Address        2908 VALLEY BROOK DRIVE  
City-State-Zip: CHAMPAIGN IL 61822

Title            BM  
Name            DEPREZ, STIJN  
Address        OUDE BESELARESTRAAT 321  
City-State-Zip: WERVIK 8940

Title            VC  
Name            DEPAUL, DENNIS GARCIA  
Address        170 PACKARD ROAD  
City-State-Zip: JERICHO VT 05465

Title            CONTRACT ADMINISTRATOR  
Name            TOMPEY, KEN  
Address        531 MAIN ST  
City-State-Zip: BETHLEHEM PA 18018

Title            TREASURER  
Name            SEAN, GRATTAN  
Address        5 FOX RUN ROAD  
City-State-Zip: ESSEX VT 05452

*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: KEN TOMPEY****CONTRACT  
ADMINISTRATOR****01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date