

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002796

Entity Name: INTERNATIONAL INSTITUTE FOR RESTORATIVE PRACTICES, INC.**FILED**
Feb 09, 2021
Secretary of State
8943824153CC**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:**BIGBIE, CINDY
9105 COPPERFAIR LN
TALLAHASSEE, FL 32317 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: CINDY BIGBIE****02/09/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CBM
Name MILLER, STACEY
Address 910 W. 57TH AVENUE
City-State-Zip: MERRIVILLE IN 46410

Title VCBM
Name NEGREA, VIDIA JR
Address SZÁNTHO GÉZA STREET #3
City-State-Zip: BUDAPEST HU-1171

Title PBM
Name BAILIE, JOHN
Address 2795 TOWNSHIP RD
City-State-Zip: RIEGELSVILLE PA 18077

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

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

Title TREASURER
Name VENNER, MARK VANDER
Address 165 BURKE STREET
City-State-Zip: COBOURG ONTARIO

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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**TRAINER**
ADMINISTRATOR**02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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