

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002796

**Entity Name:** INTERNATIONAL INSTITUTE FOR RESTORATIVE PRACTICES, INC.**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**6923686212CC****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****01/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** CBM  
**Name** BALLANTINE, WILLIAM  
**Address** 38 ERVIN RD  
**City-State-Zip:** PIPERSVILLE PA 18947**Title** VCBM  
**Name** MCCLENDON, HENRY JR  
**Address** 18020 JOSEPH CAMPEAU  
**City-State-Zip:** DETRIOT MI 48234**Title** DBM  
**Name** NEGREA, VIDIA  
**Address** VERES P 87  
**City-State-Zip:** VANYARC**Title** PBM  
**Name** BAILIE, JOHN  
**Address** 2795 TOWNSHIP RD  
**City-State-Zip:** RIEGELSVILLE PA 18077**Title** SBM  
**Name** MILLER, STACEY  
**Address** 60 UNIVERSITY DR, PROMENADE APT 213  
**City-State-Zip:** VALPARAISO IN 46383**Title** BM  
**Name** VAN PAGEE, ROB  
**Address** 531 MAIN ST  
**City-State-Zip:** BETHLEHEM PA 18018**Title** BM  
**Name** WACHTEL, TED  
**Address** 531 MAIN ST  
**City-State-Zip:** BETHLEHEM PA 18018**Title** BOARD MEMBER  
**Name** MENCOS, FLOR GARCIA  
**Address** 6A. CALLE A 31-83  
ZONA 11 RESIDENCIALES V  
**City-State-Zip:** GUATEMALA**Continues on page 2**

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: JOHN BAILIE****PRESIDENT****01/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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