

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002796

Entity Name: INTERNATIONAL INSTITUTE FOR RESTORATIVE PRACTICES, INC.**FILED**
Jan 24, 2024
Secretary of State
0268100720CC**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****01/24/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT
Name KLIGMAN, LINDA PHD
Address 105 WALNUT STREET
City-State-Zip: JENKINTOWN PA 19046Title SECRETARY
Name WHITWORTH, PATIENCE
Address 5436 AVONDALE PLACE
City-State-Zip: PITTSBURGH PA 15206Title CHAIRMAN
Name LYNN, BRANHAM SANDERS
Address 2908 VALLEY BROOK DRIVE
City-State-Zip: CHAMPAIGN IL 61822Title VC
Name DEPAUL, DENNIS GARCIA
Address 170 PACKARD ROAD
City-State-Zip: JERICO VT 05465Title ASSISTANT TO THE PRESIDENT
Name TOMPEY, KEN
Address 531 MAIN ST
City-State-Zip: BETHLEHEM PA 18018Title 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**ASSISTANT TO
PRESIDENT****01/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date