2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002796

Entity Name: INTERNATIONAL INSTITUTE FOR RESTORATIVE PRACTICES,

INC.

FILED
Jan 25, 2022
Secretary of State
1269132901CC

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 01/25/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CBM Title PBM

Name MILLER, STACEY Name BAILIE, JOHN

Address 910 W. 57TH AVENUE Address 2795 TOWNSHIP RD

City-State-Zip: MERRIVILLE IN 46410 City-State-Zip: RIEGELSVILLE PA 18077

Title SBM Title BM

Name GARCIA MENCOS, FLOR Name LYNN, BRANHAM SANDERS

Address 6A. CALLE A Address 2908 VALLEY BROOK DRIVE

City-State-Zip: GUATEMALA CITY 31-83 ZONA 11 City-State-Zip: CHAMPAIGN IL 61822

Title BM Title BOARD MEMBER

Name DEPREZ, STIJN Name DEPAUL, DENNIS GARCIA

Address OUDE BESELARESTRAAT 321 Address 170 PACKARD ROAD

City-State-Zip: WERVIK 8940 City-State-Zip: JERICHO VT 05465

Title TRAINER ADMINISTRATOR

Name TOMPEY, KEN
Address 531 MAIN ST

City-State-Zip: BETHLEHEM PA 18018

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 01/25/2022
ADMINISTRATOR

Electronic Signature of Signing Officer/Director Detail

Date