

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90253 040 ****61.25

DOCUMENT # F93000003138

1. Entity Name
FRIENDS OF BIJNOR, INC.



Principal Place of Business
3525 SHAMLEY DRIVE
TUSCALOOSA, AL 35406

Mailing Address
3525 SHAMLEY DRIVE
TUSCALOOSA, AL 35406

40097233



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
11-3056403

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACOSTE, RENE
548 93RD AVENUE NORTH
NAPLES, FL 34108-2437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ED ☐ Delete
NAME CLAVELLI, ESTELLE R
STREET ADDRESS 3525 SHAMLEY DRIVE
CITY-ST-ZIP TUSCALOOSA, AL 35406

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MUNDADAN, GRATIANE RT REV
STREET ADDRESS BISHOP'S HOUSE,
CITY-ST-ZIP KOTDWAR-GARHWAL, INDIA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CHERNESKY, MADONNA
STREET ADDRESS 7918 WINGATE DRIVE
CITY-ST-ZIP GLEN DALE, MD 207692012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME LACOSTE, RENE
STREET ADDRESS 548 93RD AVENUE NORTH
CITY-ST-ZIP NAPLES, FL 341082437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOLINSKI, JOHN
STREET ADDRESS 6900 NW 74TH PLACE
CITY-ST-ZIP TAMARAC, FL 333215246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KURION, JOSE
STREET ADDRESS 50 GUION PLACE
CITY-ST-ZIP NEW ROCHELLE NY 10801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Estelle Ryan Clavelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2008
Date

205-310-2841
Daytime Phone #