## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000005439

FILED May 02, 2007 Secretary of State

Entity Name: INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC.

our circ	rincipal Place of Business:	New Principal Place of Business:
177 WHITI 50F	E PLAINS RD	
	WN, NY 10591	
Current M	ailing Address:	New Mailing Address:
50F	E PLAINS RD WN, NY 10591	
FEI Number: n accordan	51-0200715 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation of Address of Current Registered Agen	did not receive the prior notice.
AHMED, S		SAPP, RICHARD
1981 SW 1		923 MELBA ST. JACKSONVILLE, FL 32205 US
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: RICHARD SAPP	05/02/2007
	Electronic Signature of Registered	d Agent Date
		a Agent Date
OFFICER	S AND DIRECTORS:	
Γitle: Name: Address:	-	
OFFICER: Title: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	T () Delete KWAK, C.H. 548 SO. BROADWAY	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition  Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	T () Delete KWAK, C.H. 548 SO. BROADWAY TARRYTOWN, NY  T () Delete SALONEN, NEIL A 14415 BAUER DR	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	T () Delete KWAK, C.H. 548 SO. BROADWAY TARRYTOWN, NY  T () Delete SALONEN, NEIL A 14415 BAUER DR ROCKVILLE, MD  T () Delete YOSHIDA, SHUNICHIRO 47 TAXTER RD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHY WININGS VP 05/02/2007