

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90320 033 ****61.25

DOCUMENT # N18821

1. Entity Name

FRIENDS OF INDIAN EVANGELICAL MISSION, INCORPORA

Principal Place of Business

VERGHESE, NINAN, DR
 6254 TOWN HILL LN
 DALLAS TX 75214
 US

Mailing Address

FRIEDS OF I E M, INC
 P O BOX 823392
 DALLAS TX 75382-392
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2754362

Applied For

Not Applicable

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

ABRAHAM, ALLIYIL
 11561 NW 36TH ST
 CORAL SPRINGS FL 33065

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME VERGHESE, NINAN D
 STREET ADDRESS 6254 TOWN HILL LN
 CITY-ST-ZIP DALLAS TX 75214

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

TITLE VD ☐ Delete
 NAME DEFFINBAUGH, ROBERT R
 STREET ADDRESS 429 SUMMIT DR
 CITY-ST-ZIP RICHARDSON TX 75081

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

TITLE TD ☐ Delete
 NAME DODD, JOHN W MR
 STREET ADDRESS 6421 FOREST KNOLL
 CITY-ST-ZIP DALLAS TX 75232

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

TITLE SD ☐ Delete
 NAME CUNNINGHAM, HUGH
 STREET ADDRESS 2524 FALLVIEW LANE
 CITY-ST-ZIP CARROLLTON TX 75007

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

TITLE D ☐ Delete
 NAME NELSON, CRAIG R
 STREET ADDRESS 501 S GRAVES
 CITY-ST-ZIP MCKINNEY TX 75069

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

TITLE D ☐ Delete
 NAME CHRISTIAN, IMANUEL D
 STREET ADDRESS 5018 OREGON CT
 CITY-ST-ZIP GRAND PRARIE TX 75052

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 exemption stated in Section 119.07(3)(i), 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2001 214-750-1933

Date

Daytime Phone #

CR2E037 (10/00)