

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18821

FILED
Apr 15, 2004
Secretary of State

Entity Name: FRIENDS OF INDIAN EVANGELICAL MISSION, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

FRIEDS OF I E M, INC
P O BOX 823392
DALLAS, TX 753823392 US

New Mailing Address:

FEI Number: 58-2754362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VERGHESE, NINAN D
Address: 6254 TOWN HILL LN
City-St-Zip: DALLAS, TX 75214

Title: VD () Delete
Name: DEFFINBAUGH, ROBERT R
Address: 429 SUMMIT DR
City-St-Zip: RICHARDSON, TX 75081

Title: TD () Delete
Name: DODD, JOHN W MR
Address: 6421 FOREST KNOLL
City-St-Zip: DALLAS, TX 75232

Title: SD () Delete
Name: CUNNINGHAM, HUGH
Address: 2524 FALLVIEW LANE
City-St-Zip: CARROLLTON, TX 75007

Title: D () Delete
Name: NELSON, CRAIG R
Address: 501 S GRAVES
City-St-Zip: MCKINNEY, TX 75069

Title: D () Delete
Name: CHRISTIAN, IMANUEL D
Address: 5018 OREGON CT
City-St-Zip: GRAND PRARIE, TX 75052

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:

Title: () Change () Addition
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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 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 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: DR. NINAN VERGHESE

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date