

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18821

FILED  
Apr 05, 2006  
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:**

VERGHESE, NINAN, DR  
1504 FLOWERS DR  
CARROLLTON, TX 75007 US

**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, VALLIYIL  
11561 NW 36TH ST  
CORAL SPRINGS, FL 33065 US

**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: 1504 FLOWERS DR  
City-St-Zip: CARROLLTON, TX 75007

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

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

Title: SD ( ) Delete  
Name: SCHEER, JOE  
Address: 4228 CASTLEMAINE LANE  
City-St-Zip: PLANO, TX 75093

Title: D ( ) Delete  
Name: JOHN, T. M  
Address: 676 S. RANDOLPHVILLE ROAD  
City-St-Zip: PISCATAWAY, NJ 08854

Title: D ( ) Delete  
Name: CHRISTIAN, IMANUEL DR.  
Address: 4412 HARTFORD DR  
City-St-Zip: PLANO, TX 75093

**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  
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 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: NINAN VERGHESE

DR.

04/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date