

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005891

1. Entity Name
INTERNATIONAL HOSPITAL RELIEF FOUNDATION, INC.



Principal Place of Business
6630 BISCAYNE BOULEVARD
MIAMI, FL 33138

Mailing Address
6630 BISCAYNE BOULEVARD
MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE



03292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0719890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IKPE, NSIDIBE
6630 BISCAYNE BOULEVARD
MIAMI, FL 33138

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IN THIS SPACE**

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 releasing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IPKE, NSIDIBE
6630 BISCAYNE BOULEVARD
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIEGEL, BERNARD
10723 WEST 104 STREET
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IKPE, HELEN
13551 S.W. 62 STREET
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IKPE, EDIDIONG
13551 S.W. 62 STREET
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000102705
04/05/04-80026-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #