


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90001 003 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent IKPE, NSIDIBE 6630 BISCAYNE BOULEVARD MIAMI, FL 33138				7. Name and Address of New Registered Agent Name IKPE, HELEN R. Street Address (P.O. Box Number is Not Acceptable) 6630 Biscayne Blvd City miami FL Zip Code 33138	
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: <u><i>Helen Ikpe</i></u> 8/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IPKE, NSIDIBE 6630 BISCAYNE BOULEVARD MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P IKPE, HELEN 6630 Biscayne Blvd miami FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIEGEL, BERNARD 10723 WEST 104 STREET MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P UDUAK, N. IKPE 13551 SW 62 St miami FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IKPE, HELEN 13551 S.W. 62 STREET MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Helen Ikpe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	

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ATTACHMENT

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City & State			City & State		
Zip		Country		4. FEI Number 65-0719890	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent IKPE, NSIDIBE 6630 BISCAYNE BOULEVARD MIAMI, FL 33138					
7. Name and Address of New Registered Agent Name: IKPE, HELEN R. Street Address (P.O. Box Number is Not Acceptable): 6630 Biscayne BLVD City: MIAMI FL Zip Code: 33138					
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					