2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005891

1. Entity Name
INTERNATIONAL HOSPITAL RELIEF FOUNDATION, INC.

Principal Place of Business	Mailing Address
6630 BISCAYNE BOULEVARD MIAMI, FL 33138	6630 BISCAYNE BOULEVARD MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

01262006 No Chg-NP CR2E037 (11/05)

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, HELEN R
6630 BISCAYNE BOULEVARD
MIAMI, FL 33138

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	IKPE, HELEN
STREET ADDRESS	6630 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	IKPE, UDVAK N
STREET ADDRESS	13551 SW 62 ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	IKPE, EDIDIONG
STREET ADDRESS	13551 SW 62 ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/06-80052-013 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Helen Ikpe 1/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #