


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F93000003712 (7)

1. Corporation Name

ACCREDITING COMMISSION INTERNATIONAL FOR SCHOOLS
, COLLEGES AND THEOLOGICAL SEMINIARIES, INC.



Principal Place of Business	Mailing Address
P. O. BOX 102 BEEBE AR 72012-0102	P. O. BOX 102 BEEBE AR 72012-0102

3. Date Incorporated or Qualified

08/09/1993

4. FEI Number

71-0689195

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 505 N. APPLE

26 POSTAL Drawer 1021

Suite, Apt. #, etc.
BEEBE, AR

Suite, Apt. #, etc.
Beebe, Arkansas

City & State
Arkansas

City & State

Zip
72012

Country
USA

Zip
72012

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORENTINO, JUDY DR
1211 LEE ROAD
JACKSONVILLE FL 32225

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	SCHEEL, JOHN F DR.	
STREET ADDRESS	309 N. APPLE STREET	
CITY-ST-ZIP	BEEBE AR 72012-0102	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	SCHEEL, VICKIE	
STREET ADDRESS	309 N. APPLE STREET	
CITY-ST-ZIP	BEEBE AR 72012-0102	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHEEL, VICKIE	
STREET ADDRESS	309 N. APPLE STREET	
CITY-ST-ZIP	BEEBE AR 72012-0102	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHEEL, VALYNN	
STREET ADDRESS	309 NORTH APPLE	
CITY-ST-ZIP	BEEBE AR 72012	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ST MILLS, VALYNN S.
4.3 STREET ADDRESS	161 Pinewood Lane
4.4 CITY-ST-ZIP	Beebe, AR 72012

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/97)