2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2025
Secretary of State
9926412395CC

DOCUMENT# N12000004764

Entity Name: REVELATION UNIVERSITY, INC.

Current Principal Place of Business:

10656 S.W. 186TH STREET
MIAMI, FL 33157

Current Mailing Address:

10656 S.W. 186TH STREET
MIAMI, FL 33157 US

FEI Number: 45-5216133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTAS CUELLO, NARCISO HILARIO DMIN, REV
10656 SW 186TH STREET
MIAMI, FL 33157 US

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: NARCISO HILARIO MONTAS CUELLO 04/17/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	REVELATION 3:20 MISSIONARY MINISTRY & BIBLICAL TEACHING INC
Address	10662 SW 186 ST
City-State-Zip:	MIAMI FL 33157

Title	OFFICER, TREASURER
Name	MONTAS SENCION , NARCISO HILARIO
Address	C/O 10656 SW 186 STREET
City-State-Zip:	MIAMI FL 33157

Title	DIRECTOR
Name	MORALES , NERIO REV.
Address	10662 S.W. 186TH STREET
City-State-Zip:	MIAMI FL 33157

Title	ACADEMIC DIRECTOR
Name	CAICEDO , HAROLD REV DMIN
Address	C/O 10656 SW 196 STREET
City-State-Zip:	MIAMI FL 33157

Title	VP, CHANCELLOR
Name	MONTAS CUELLO , NARCISO HILARIO DMIN., REV
Address	10656 SW 186TH STREET
City-State-Zip:	MIAMI FL 33157

Title	SECRETARY
Name	DE JESUS, DORCAS IRIS REV., MFT
Address	10656 SW 186 STREET
City-State-Zip:	MIAMI FL 33157

Title	D
Name	SANTOS , ALBERT RAFAEL
Address	10833 SW 244TH TERRACE
City-State-Zip:	MIAMI FL 33032

Title	INSTRUCTION SITE COORDINATOR-DIRECTOR
Name	VILLAFANE , MIRTHA REV.
Address	C/O 10656 SW 186 STREET
City-State-Zip:	MIAMI FL 33157

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I hereby 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 all other like empowered.

SIGNATURE: DORCAS IRIS DE JESUS SECRETARY 04/17/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	INFORMATION TECHNOLOGY DIRECTOR
Name	CASTILLO , AMAURY LEONEL
Address	C/O 10656 SW 186 STREET
City-State-Zip:	MIAMI FL 33157

Title	ACCREDITATION AND CURRICULUM DIRECTOR
Name	CARRERO , DORA HILDA ENGINEER
Address	C/O 10656 SW 186 STREET
City-State-Zip:	MIAMI FL 33157

Title	CONTINUING EDUCATION DIRECTOR /VP
Name	GRACIA , GIANNI DMIN
Address	C/O 10656 S.W. 186TH STREET
City-State-Zip:	MIAMI FL 33157