

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002175

**Entity Name:** POST EDUCATION INSTITUTE SCHOOL OF BIBLICAL AND  
HEALTHCARE STUDIES, INC.

**Current Principal Place of Business:**

5582 W. OAKLAND PARK BLVD.  
LAUDERHILL, FL 33313

**Current Mailing Address:**

P.O. BOX 936002  
MARGATE, FL 33093 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AMERTIL - CELIAN, DR. JEANINE  
5582 W. OAKLAND PARK BLVD.  
LAUDERHILL, FL 33313 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	CELIAN, DR. JEANINE	Name	CELIAN, DR. JEAN M
Address	P.O. BOX 936002	Address	P.O. BOX 936002
City-State-Zip:	MARGATE FL 33093	City-State-Zip:	MARGATE FL 33093
Title	SEC		
Name	CELIAN, MAGDALA		
Address	P.O. BOX 936002		
City-State-Zip:	MARGATE FL 33093		

*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: DR. JEANINE CELIAN**

**PRESIDENT**

**04/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date