

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N18000004216

**Entity Name:** GALVANIZED BY TRUTH UNIVERSITY OF THEOLOGY AND  
CHRISTIAN COUNSELING INC

**Current Principal Place of Business:**

7517 SW 4TH CT  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

7517 SW 4TH CT  
NORTH LAUDERDALE, FL 33068 US

**FEI Number: 88-4083058**

**Certificate of Status Desired:** Yes

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

COLLAZO RAMOS, GUILLERMO ANTONIO DR.  
7517 SW 4TH CT  
NORTH LAUDERDALE, FL 33068 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:** DR GUILLERMO A COLLAZO RAMOS

09/10/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT OF THE UNIVERSITY,  
PROFESSOR AND DIRECTOR OF THE  
ONLINE AND MIRAMAR CAMPUS

Name COLLAZO, GUILLERMO DR

Address 7517 SW 4TH CT

City-State-Zip: NORTH LAUDERDALE FL 33068

Title TREASURER, UNIVERSITY MIRAMAR  
CAMPUS / PROFESSOR

Name HERNANDEZ, VIVIAN

Address 7517 SW 4TH CT

City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR, UNIVERSITY MIRAMAR  
CAMPUS / PROFESSOR

Name BORGES, ADALIZ

Address 6040 SW 23 ST

City-State-Zip: MIRAMAR FL 33023

Title SECRETARY

Name APONTE, CARMEN DR.

Address 7517 SW 4TH CT

City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIR, PROFESSOR OF CHAPLAINS  
COURSE CENTRAL FLORIDA

Name RAMOS, FRANCISCO. DR

Address 7517 SW 4TH CT

City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR UNIVERSITY CAMPUS IN  
KILLEEN TEXAS

Name COLON, JOHNNY DR.

Address 7517 SW 4TH CT

City-State-Zip: NORTH LAUDERDALE FL 33068

*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 GUILLERMO A COLLAZO RAMOS

**PRESIDENT**

09/10/2022

Electronic Signature of Signing Officer/Director Detail

Date