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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725214

1. Corporation Name

HEED UNIVERSITY SCHOOL OF THEOLOGY, INC.

Principal Place of Business	Mailing Address
1131 N.E. 169TH TERRACE NORTH MIAMI BEACH FL 33162	1131 N.E. 169TH TERRACE NORTH MIAMI BEACH FL 33162

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 01/03/1973

4. FEI Number: 59-1470351 ☐ Applied For ☐ Not Applica

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

HIRSCH, RONALD
1131 N.E. 169TH TERRACE
NORTH MIAMI BEACH FL 33132

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addit
NAME	WILLIS, NATHANIEL		1.2 NAME	
STREET ADDRESS	2231 E 67TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	
TITLE	VDCT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addit
NAME	HIRSCH, RONALD		2.2 NAME	
STREET ADDRESS	1131 N.E. 169TH TERR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH. FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addit
NAME	SHAW, IRVING S		3.2 NAME	
STREET ADDRESS	1212 W CENTER ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	MANTECA CA 95337		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addit
NAME	MILRAD, FRADALLE E		4.2 NAME	
STREET ADDRESS	5240 N HILLS DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addit
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addit
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Ronald N. Hirsch Vice President 6/21/99 305-652-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #