

DOCUMENT # 725214

1. Entity Name

HEED UNIVERSITY SCHOOL OF THEOLOGY, INC.**FILED**
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90038 047 ****61.25

Principal Place of Business

1131 N.E. 169TH TERRACE
NORTH MIAMI BEACH FL 33162

Mailing Address

1131 N.E. 169TH TERRACE
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1470351

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, NATHANIEL 2231 E 67TH ST CHICAGO IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Some except add zipcode 60649	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDCT HIRSCH, RONALD 1131 N.E. 169TH TERR. NORTH MIAMI BCH. FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Some except add zipcode 33162	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, IRVING S 1212 W CENTER ST MANTECA CA 95337	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILRAD, FRADALLE E 5240 N HILLS DR HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (5/00)