2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State
09-09-2004 90003 048 ****61.25

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1. Entity Name
HEED UNIVERSITY SCHOOL OF THEOLOGY, INC.

54072003

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

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08302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1470351
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILRAD, FRADELLE HIRSCH
5240 N. HILLS DRIVE
HOLLYWOOD, FL 33021

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	VDCT
NAME	HIRSCH, RONALD
STREET ADDRESS	1131 N.E. 169TH TERR.
CITY-ST-ZIP	NORTH MIAMI BCH., FL
TITLE	D
NAME	SHAW, IRVING S
STREET ADDRESS	1212 W CENTER ST
CITY-ST-ZIP	MANTECA, CA 95337
TITLE	DS
NAME	MILRAD, FRADALLE E
STREET ADDRESS	5240 N HILLS DR
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	PANUSH, DON B
STREET ADDRESS	2166 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ronald N. Hirsch Ronald N. Hirsch V.P. 9/3/04 305-652-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #