## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Sep 02, 2005 8:00 am Secretary of State

DOCUMENT # 725214  1. Entity Name HEED UNIVERSITY SCHOOL OF THEOLOGY, INC.					09-02-20	05 90014 02	9 ****6	1.25	
Principal Place of Business Mailing Address 1131 N.E. 169TH TERRACE 1131 N.E. 169TH TERR NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH,									
2. Principal Place of Business  1095 WE 1709 Terrare 1095 ME 1709  Suite, Apt. #, etc.  Suite, Apt. #, etc.			Te ccac e						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		06292005	Chg-NP	CR2E037	(10/03)		
	diani Beach FL	City & State North Miami &	Beach A	4. FEI Number 59-147	0351		<del></del>	plied For t Applicable	
3316 29316	2 Country	33(62	Country		of Status Desired	Fe	3.75 Add e Required		
	6. Mane and Address of Current R	egistered Agent	Name	7. Name and	A	v Registered Ap	<u>ini</u>		
MILRAD FRADELLE HIRSCH				Conald N	nald N-Hirsch s (P.O. Box Number is Not Acceptable) 35 NE 170th Terrace				
HOLLYWOOD, FL: 33021				1092 NE1	70th 1	errace			
			City	Mh Memi G	Read.	FL	Zip Code	1// 9	
	named entity submits this statement for	the purpose of changing its r				Florida. I am fan	niliar with,	and accept	
the obligat	tions of registered agent.  Ronald N- Hirsd	168	8 11	7 11-		dolo	~		
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SIGNATURE	Signature, typed or printed name of registered agent an		Registered Agent signati	are required when reinstaining)		DATE			
	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 ue by September 7, 2005	d stie if applicable. (NOTE:  9. Election Carrill Trust Fund Co	paign Financing	\$5.00 May B	ie F	Make check p			
D 10.	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 ue by September 7, 2005  OFFICERS AND DIRE	9. Election Carny Trust Fund Co	paign Financing ontribution.	\$5.00 May B Added to Fees ADDITIONS/CH	F	iorida Departm CERS AND DIRE	ctops in	ate 10	
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I nereby 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 8/30/05 786-200-4263