FILE NOW: FILING FEE IS \$61.25

NAME

STREET ADDRESS

CITY - ST - ZIP

FILED Apr 17 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (8) 740150 EVANGELICAL BIBLE SEMINARY, INC. Principal Place of Business Mailing Address 400 JACKSON AVE 400 JACKSON AVE 3. Date Incorporated or Qualified **GREENACRES GREENACRES** 09/16/1977 LAKE WORTH FL 33463 LAKE WORTH FL 33463 4. FEI Number Applied For 65-0030320 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes **⊠** No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DONNALLY, MIRIAM 82 Street Address (P.O. Box Number is Not Acceptable) 356 JACKSON AVENUE 83 **GREENACRES** LAKE WORTH FL 33463 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition TITLE **DELETÉ** 1.1 TITLE NAME DONNALLY, DAVID PAUL 1.2 NAME CR2E037 6168 ASTORIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY - ST - 7IP 14 CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE HOCHELLA, JOHN A JR NAME 2.2 NAME 11416 57TH RD STREET ADDRESS 2.3 STREET ADDRESS **ROYAL PALM BEACH FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME DONNALLY, MIRIAM B 3.2 NAME 356 JACKSON AVE 3.3 STREET ADDRESS STREET ADDRESS LK WORTH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change DONNALLY, CHADWICK NAME 4.2 NAME 356 JACKSON AVE STREET ADDRESS 4.3 STREET ADDRESS LK WORTH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE DONNALLY, MARIAM B 5.2 NAME NAME STREET ADDRESS 356 JACKSON AVE 5.3 STREET ADDRESS LK WORTH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

561 968 8285 SIGNATURE: Chadwick Down

6.2 NAME