2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **740150** Apr 17, 2000 8:00 am Secretary of State 1. Entity Name EVANGELICAL BIBLE SEMINARY, INC. 04-17-2000 90052 028 ****70.00 Principal Place of Business Mailing Address 400 JACKSON AVE 400 JACKSON AVE **GREENACRES GREENACRES** LAKE WORTH FL 33463 LAKE WORTH FL 33463-2018 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0030320 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DONNALLY, MIRIAM 356 JACKSON AVENUE **GREENACRES** City Zip Code LAKE WORTH FL 33463 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME DONNALLY, DAVID PAUL STREET ADDRESS STREET ADDRESS 6168 ASTORIA DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HOCHELLA, JOHN A JR STREET ADDRESS STREET ADDRESS 11416 57TH RD CITY-ST-ZIP CITY-ST-ZIP <u>Royal Palm Beach Fl</u> Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME DONNALLY, MIRIAM B STREET ADDRESS STREET ADDRESS 356 JACKSON AVE CITY-ST-ZIP CITY-ST-ZIP LK WORTH FL ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME NAME DONNALLY, CHADWICK STREET ADDRESS STREET ADDRESS 356 JACKSON AVE CITY-ST-7IP CITY-ST-ZIP lk worth fl ☐ Addition ☐ Delete TITLE Change Change NAME NAME DONNALLY, MARIAM B STREET ADDRESS STREET ADDRESS 356 JACKSON AVE CITY-ST-ZIP CITY-ST-ZIP LK WORTH FL ☐ Addition TITLE Oelete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

Daytime Phone