

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90053 010 \*\*\*\*\*70.00

0054468

**DOCUMENT # 740150**

1. Entity Name

**EVANGELICAL BIBLE SEMINARY, INC.**

Principal Place of Business

**400 JACKSON AVE  
 GREENACRES  
 LAKE WORTH FL 33463**

Mailing Address

**400 JACKSON AVE  
 GREENACRES  
 LAKE WORTH FL 33463**

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

**65-0030320**

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

**DONNALLY, MIRIAM  
 356 JACKSON AVENUE  
 GREENACRES  
 LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DONNALLY, DAVID PAUL	
STREET ADDRESS	6168 ASTORIA DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCHELLA, JOHN A JR	
STREET ADDRESS	11416 57TH RD	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONNALLY, MIRIAM B	
STREET ADDRESS	356 JACKSON AVE	
CITY-ST-ZIP	LK WORTH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DONNALLY, CHADWICK	
STREET ADDRESS	356 JACKSON AVE	
CITY-ST-ZIP	LK WORTH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DONNALLY, MARIAM B	
STREET ADDRESS	356 JACKSON AVE	
CITY-ST-ZIP	LK WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnally, David Paul	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnally, marian B	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donnally, Tami	
STREET ADDRESS	6168 Astoria Dr.	
CITY-ST-ZIP	Lake worth, fl 33463	

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 #

CR2E037 (10/00)