

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90014 034 ****61.25

DOCUMENT # F02000004936	
1. Entity Name PHILADELPHIA BIBLICAL UNIVERSITY INC	

Principal Place of Business 200 MANOR AVENUE LANGHORNE, PA 19047-2990	Mailing Address 200 MANOR AVENUE LANGHORNE, PA 19047-2990
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40026091



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
MACMORAN, CATHERINE 2701 REGENCY OAKS BLVD APT A402 CLEARWATER, FL 33759	

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.	SIGNATURE <i>Catherine H Mac Moran</i> Signature, typed or printed name of registered agent and title if applicable.	2/21/2007 DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABB, W. SHERRILL DR.	NAME	
STREET ADDRESS	200 MANOR AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE, PA 190472990	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TODD DR	NAME	
STREET ADDRESS	200 MANOR AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE, PA 190472990	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATING, SCOTT A	NAME	
STREET ADDRESS	200 MANOR AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE, PA 190472990	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, JAN M	NAME	
STREET ADDRESS	200 MANOR AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE, PA 190472990	CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGHTBILL, EDGAR N DR.	NAME	CHAIRMAN
STREET ADDRESS	1407 THRUSH LANE	STREET ADDRESS	NACE, MELVIN C.
CITY-ST-ZIP	WESTCHESTER, PA 193807629	CITY-ST-ZIP	863 BLOOMING GLEN RD
TITLE	VC <input checked="" type="checkbox"/> Delete	TITLE	PERKASIE, PA. 18944-2703
NAME	KEMPF, WINFIELD	NAME	VICE CHAIRMAN
STREET ADDRESS	756 WOODLEA ROAD	STREET ADDRESS	STAEDTLER, RICHARD
CITY-ST-ZIP	BRYN MAWR, PA 190101139	CITY-ST-ZIP	33 NORTH BRINTREE COMMON
		CITY-ST-ZIP	LANGHORNE, PA 19053

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jan M. Haas</i>	JAN M. HAAS	2/9/07	215-702-4312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			