

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90086 004 ****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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACMORAN, CATHERINE
2701 REGENCY OAKS BLVD
APT A402
CLEARWATER, FL 33759**

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 *Catherine Mac Moran*
Signature, typed or printed name of registered agent and title if applicable.

Catherine Mac Moran

April 24, 2008
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BABB, W. SHERRILL DR.**
STREET ADDRESS **200 MANOR AVENUE**
CITY-ST-ZIP **LANGHORNE, PA 190472990**

TITLE **V** ☐ Delete
NAME **WILLIAMS, TODD DR**
STREET ADDRESS **200 MANOR AVENUE**
CITY-ST-ZIP **LANGHORNE, PA 190472990**

TITLE **V** ☐ Delete
NAME **KEATING, SCOTT A**
STREET ADDRESS **200 MANOR AVENUE**
CITY-ST-ZIP **LANGHORNE, PA 190472990**

TITLE **V** ☐ Delete
NAME **HAAS, JAN M**
STREET ADDRESS **200 MANOR AVENUE**
CITY-ST-ZIP **LANGHORNE, PA 190472990**

TITLE **C** ☐ Delete
NAME **NACE, MELVIN C**
STREET ADDRESS **863 BLOOMING GLEN RD**
CITY-ST-ZIP **PERKASIE, PA 189442703**

TITLE **VC** ☐ Delete
NAME **STAEDTLER, RICHARD**
STREET ADDRESS **33 NORTH BRAINTREE COMMON**
CITY-ST-ZIP **LANGHORNE, PA 19053**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CHANCELLOR ☒ Change ☐ Addition

TITLE **PRESIDENT** ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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:

Jan M Haas

JAN M HAAS, SVP-FINANCE 4/24/08

215-702-4312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #