

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90548 020 ****70.00

DOCUMENT # F93000003712

1. Entity Name

**ACCREDITING COMMISSION INTERNATIONAL FOR SCHOOLS
, COLLEGES AND THEOLOGICAL SEMINIARIES, INC.**

Principal Place of Business

Mailing Address

505 N APPLE
BEEBE AR 72012
US

POSTAL DRAWER 1030
BEEBE AK 72012
US

BOX 1030

AR



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**505 N. Apple
Beebe, Arkansas**

P.O. BOX 1030

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BEEBE

City & State
ARKANSAS

4. FEI Number **71-0689195**

Applied For
Not Applicable

Zip
72012 Country
USA

Zip
72012 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORENTINO, JUDY DR
1211 LEE ROAD
JACKSONVILLE FL 32225**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDP
SCHEEL, JOHN F DR.
309 N. APPLE STREET
BEEBE AR 72012-0102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
SCHEEL, VICKIE
309 N. APPLE STREET
BEEBE AR 72012-0102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCHEEL, VICKIE
309 N. APPLE STREET
BEEBE AR 72012-0102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MILLS, VALYNN S
161 PINWOOD LANE
BEEBE AR 72012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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 (9/01)