2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005
Secretary of State

DOCUMENT# F93000003712

Entity Name: ACCREDITING COMMISSION INTERNATIONAL FOR SCHOOLS, COLLEGES AND THEOLOGICAL SEMINIARIES, INC.

Current Principal Place of Business:

505 N APPLE
BEEBE, AR 72012 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1030
BEEBE, AK 72012 US

New Mailing Address:

PO BOX 1030
BEEBE, AR 72012 US

FEI Number: 71-0689195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CDP ( ) Delete
Name: SCHEEL, JOHN F DR.
Address: 309 N. APPLE STREET
City-St-Zip: BEEBE, AR 720120102

Title: VCD ( ) Delete
Name: SCHEEL, VICKIE
Address: 309 N. APPLE STREET
City-St-Zip: BEEBE, AR 720120102

Title: VP ( ) Delete
Name: SCHEEL, VICKIE
Address: 309 N. APPLE STREET
City-St-Zip: BEEBE, AR 720120102

Title: ST ( ) Delete
Name: MILLS, VALYNN S
Address: 161 PINEWOOD LANE
City-St-Zip: BEEBE, AR 72012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JOHN F. SCHEEL CDP 01/29/2005

Electronic Signature of Signing Officer or Director — Date