

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90061 018 \*\*\*\*61.25

**DOCUMENT # N01000006081**

1. Entity Name

**SEMINARIO BIBLICO DE FE - FAITH BIBLE  
SEMINARY, INC.**



Principal Place of Business

**8925 RAMBLEWOOD DR, STE 2507  
CORAL SPRINGS FL 33071**

Mailing Address

**8925 RAMBLEWOOD DR, STE 2507  
CORAL SPRINGS FL 33071**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**65-1135692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RAY POPE, CORBETT  
8925 RAMBLEWOOD DR, STE 2507  
CORAL SPRINGS FL 33071**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 8/04*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 PD  
NAME RAY POPE, CORBETT  
STREET ADDRESS 8925 RAMBLEWOOD DR, STE 2507  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE S  
NAME SCHWARZ, DR EDWIN  
STREET ADDRESS 6710 BEACH RESORT DR #4  
CITY-ST-ZIP NAPLES FL 34914 ☐ Delete

TITLE T  
NAME FERNANDEZ, JESUS  
STREET ADDRESS 1301 SW 142 CIR  
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE D  
NAME POPE, ONLY MILTON  
STREET ADDRESS ALVAREZ JONTE 277, RAMOS MEJIA COD, POS1704  
CITY-ST-ZIP PROV BUENOS AIRES ARGENTINA ☐ Delete

TITLE D  
NAME HECKMAN, WARREN L  
STREET ADDRESS 388 LINTNER RD, ( W5895)  
CITY-ST-ZIP PARDEEVILLE WI 53954 ☐ Delete

TITLE D  
NAME JOHNSON, CARL V  
STREET ADDRESS 20 GREENRIDGE WAY  
CITY-ST-ZIP SPRING VALLEY NY 10977 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME *Pope, Corbett Ray* ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME *1301 SW 142 COURT* ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

*Corbett Ray Pope* *APR 14 2004* *954-345-8692*

Date

Daytime Phone #