## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005065

FILED Sep 01, 2004 Secretary of State

Entity Name: SISTRUNK INTERNATIONAL UNIVERSITY, INC.

Current Principal Place of Business: New Principal Place of Business:

1550 N. FEDERAL HIGHWAY #14

BOYNTON BEACH, FL 33435

Current Mailing Address: New Mailing Address:

1550 N. FEDERAL HIGHWAY #14 BOYNTON BEACH, FL 33435

FEI Number: 13-4260011 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEMEAH, ROMAINE M 1550 N. FEDERAL HIGHWAY #14 BOYNTON BEACH, FL 33435 US

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 Degistered Agent

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 ESIOBU, NWADIUTO
 Name:
 ESIOBU, NWADIUTO

 Address:
 2620 BOGOTA AVENUE
 Address:
 2620 BOGOTA AVENUE

 City-St-Zip:
 COOPER CITY, FL 33026
 City-St-Zip:
 COOPER CITY, FL 33026 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: SEMEAH, ROMAINE M Name: MARTIN, ROMAINE M

 Address:
 3017 GROVE ROAD
 Address:
 3017 GROVE ROAD

 City-St-Zip:
 BOYNTON BEACH, FL 33435
 City-St-Zip:
 BOYNTON BEACH, FL 33435 US

Title: SECR ( ) Delete Title: O (X) Change ( ) Addition

 Name:
 WATSON, GWEN
 Name:
 EGBEBIKE, MICHAEL

 Address:
 512 NE 3RD AVE
 Address:
 11950 SW 132ND AVE

 City-St-Zip:
 FORT LAUDERDALE, FL 33301
 City-St-Zip:
 MIAMI, FL 33186 US

Title: TRES (X) Delete Title: ( ) Change ( ) Addition

 Name:
 EFFIONG, A.M.
 Name:

 Address:
 17821 NW 44TH AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33055
 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: NWADIUTO ESIOBU P 09/01/2004