

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90002 041 ****61.25

DOCUMENT # N03000005354

1. Entity Name
PRAXIS INSTITUTE FOR MINISTRY EDUCATION, INC.



Principal Place of Business
**2400 YAMATO ROAD
BOCA RATON, FL 33431**

Mailing Address
**2400 YAMATO ROAD
BOCA RATON, FL 33431**

50053760



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1171688

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCNUTT, WALTER
2400 YAMATO ROAD
BOCA RATON, FL 33431**

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **~~BRAUNUS, BURT D~~ WALTER MCNUTT**
STREET ADDRESS **2400 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D**
NAME **HIRZ, PETER J**
STREET ADDRESS **2400 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D**
NAME **MANGANELLO, JAMES S**
STREET ADDRESS **2400 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D**
NAME **NICHOLAS, P. DAVID**
STREET ADDRESS **2400 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D**
NAME **WARD, TED**
STREET ADDRESS **2400 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

6/20/05 561-994-5000