

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005233

FILED
May 10, 2009
Secretary of State

Entity Name: FLORIDA INTERNATIONAL CHRISTIAN UNIVERSITY, INC.

Current Principal Place of Business:

855 NW 151 STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

855 NW 151 STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-2873177 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARROLIGA, HECTOR J
855 NW 151 STREET
MIAMI, FL 33169 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 Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARROLIGA, HECTOR J
Address: 855 NW 151 STREET
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: ARROLIGA, MARIBEL
Address: 855 NW 151 STREET
City-St-Zip: MIAMI, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change () Addition
Name: ARROLIGA, MARIBEL
Address: 855 NW 151 STREET
City-St-Zip: MIAMI, FL 33169

Title: S. () Change (X) Addition
Name: ARROLIGA, YENY A
Address: 855 NW 151 STREET
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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. HECTOR ARROLIGA

P

05/10/2009

Electronic Signature of Signing Officer or Director

Date