

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008280

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CAREY INTERNATIONAL UNIVERSITY OF THEOLOGY, INC.

## Current Principal Place of Business:

TELECOM CENTER  
1931 WELBY WAY, SUITE 4  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

TELECOM CENTER  
1900 KATHRYN SPEED CT.  
TALLAHASSEE, FL 32303

## Current Mailing Address:

TELECOM CENTER  
1931 WELBY WAY, SUITE 4  
TALLAHASSEE, FL 32308

## New Mailing Address:

TELECOM CENTER  
1900 KATHRYN SPEED CT.  
TALLAHASSEE, FL 32303

FEI Number: 51-0602308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, EARLE E  
41 N. 20TH STREET, #17  
HAINES CITY, FL 338444638 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: D ( ) Delete  
Name: HEGEMAN, NEAL  
Address: 14860 SOUTH WEST, 149TH STREET  
City-St-Zip: MIAMI, FL 33196 US

Title: D ( ) Delete  
Name: PENHEAROW, BOB  
Address: 47 KEYS CRESCENT  
City-St-Zip: GUELPH, ONTARIO, CA N1G 57J CA

Title: D ( ) Delete  
Name: VERDONE, JOHN  
Address: 26 FORSTER DRIVE  
City-St-Zip: GUELPH, ONTARIO, CA N1G 4CB CA

Title: D ( ) Delete  
Name: BARNES, RONALD  
Address: 288 COLBURN STREET  
City-St-Zip: ELORA, ONTARIO, CA N0B 1S0 CA

## 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 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: BOB PENHEAROW

D

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date