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Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N9400000 3275*

INTERNATIONAL BIBLE UNIVERSITY, INC.

Principal Place of Business Mailing Address
2255 Greenview Cr. Orlando, Fl. 32808

3. Date Incorporated or Qualified
July 1, 1994

4. FEI Number 593333937	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 2255 Greenview Cr.	2a. Mailing Address 26 P.O. Box 585011 Orlando
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, Fl. 32808	City & State 28 Orlando, Fl. 32808
Zip 24 32808	Country 29 Orange
Country 25 Orange	Zip 30 32808

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

6. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Mr. Jason Laurens
811 Pine Hill Rd.
Orlando, Fl. 32808

10. Name and Address of New Registered Agent

81 Name Rosa N. Guzman
82 Street Address (P.O. Box Number is Not Acceptable) 2255 Greenview Cr.
83 Orlando,
84 City Orlando
85 Zip Code FL 32808

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Rosa N. Guzman** *Rosa N. Guzman* **4-28-98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE Rev. Julio Guzman President 2255 Greenview Cr. Orlando, Fl. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE Dr. Antonio De Paris Chancellor 228 Sorrento Cr. Winter Park, Fl. 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE Dr. Ana J. Reyes Treas. Secretary 12301 Corriander Dr. Orlando, Fl. 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE Noemi DeParis Coordinator 228 Sorrento Cr. Winter Park, Fl. 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director Dr. Antonio De Paris 228 Sorrento Cr. Winter Park, Fl. 32792
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director Dr. Ana J. Reyes 12301 Corriander Dr. Orlando, Fl. 32837
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director Noemi De Paris 228 Sorrento Cr. Winter Park, Fl. 32792
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3000002547089 -06/04/98-01010-012 ***75.00
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same 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 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *Dr. Antonio De Paris* **4/28/98** **07-292-8548**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)