


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90025 025 ****61.25

DOCUMENT # N97000000943	
1. Entity Name INTER-AMERICAN ADVENTIST THEOLOGICAL SEMINARY, INC.	

Principal Place of Business 8100 SW 117TH AVENUE MIAMI, FL 33183-4827 US	Mailing Address PO BOX 830518 MIAMI, FL 33283-0518 US
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VERDUZCO, FILIBERTO M 8151 SW 117 PATH MIAMI, FL 33183	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEITO, ISRAEL 8101 SW 117 PATH MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERLA, JUAN O 8152 SW 117 PATH MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FILIBERTO, VERDUZCO M 8151 SW 117 PATH MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTREJON, JAIME 8100 SW 117TH AVENUE MIAMI, FL 331834827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #