

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90127 045 ****61.25

50034306



DOCUMENT # N97000002408 1. Entity Name INSTITUTO BIBLICO PAN-AMERICANO ERNEST-WILLIAM SELLERS, INC.					
Principal Place of Business 641 W FLAGLER ST MIAMI, FL 33130			Mailing Address 641 W FLAGLER ST MIAMI, FL 33130		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WINGFEILD, MAGDIEL 655 SW 1 ST MIAMI, FL 33130				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, CECILIO <input type="checkbox"/> Delete 655 SW 1 ST MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONDEJAR, JOEL <input type="checkbox"/> Delete 655 SE 1 ST MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUIS, BUENAVENTURA <input checked="" type="checkbox"/> Delete 655 SW 1 ST MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miguel A. Rodriguez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 628 N.W. 1st St. Miami, FL 33128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAULINO, ELELYN <input checked="" type="checkbox"/> Delete 655 SW 1 ST MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evelyn Quezada <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 628 N.W. 1st St. Miami, FL 33128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NOVOA, VERONIKA <input type="checkbox"/> Delete 655 SW 1 ST MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/6/05 Daytime Phone # (305) 325-9653		