

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90104 034 ****61.25

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**

40015141



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, CECILIO	
STREET ADDRESS	655 SW 1 ST	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONDEJAR, JOEL	
STREET ADDRESS	655 SE 1 ST	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MIGUEL A	
STREET ADDRESS	628 NW 1ST ST	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUEZADA, EVELYN	
STREET ADDRESS	628 NW 1ST ST	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NOVOA, VERONIKA	
STREET ADDRESS	655 SW 1 ST	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Omar Mendiola	
STREET ADDRESS	6415 NW 201 ST.	
CITY-ST-ZIP	Hialeah, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/07 (305) 325-9653