

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINGFEILD, MAGDIEL
655 SW 1 ST
MIAMI, FL 33130**

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, CECILIO
STREET ADDRESS 655 SW 1 ST
CITY-ST-ZIP MIAMI, FL 33130

TITLE VD
NAME MONDEJAR, JOEL
STREET ADDRESS 655 SE 1 ST
CITY-ST-ZIP MIAMI, FL 33130

TITLE TD
NAME RODRIGUEZ, MIGUEL A
STREET ADDRESS 628 NW 1ST ST
CITY-ST-ZIP MIAMI, FL 33128

TITLE S
NAME QUEZADA, EVELYN
STREET ADDRESS 628 NW 1ST ST
CITY-ST-ZIP MIAMI, FL 33128

TITLE VS
NAME NOVOA, VERONIKA
STREET ADDRESS 655 SW 1 ST
CITY-ST-ZIP MIAMI, FL 33130

TITLE VT
NAME MENDIONDO, OMAR
STREET ADDRESS 6415 NW 201ST STREET
CITY-ST-ZIP HIALEAH, FL 33015

U000000812285
02/12/08-80040-010 70.00

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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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/08 (305)325-9653