## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000000265

FILED May 01, 2005 Secretary of State

Entity Name: INSTITUTE OF THEOLOGICAL EDUCATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 13045 GRAND BANK LANE ORLANDO, FL 32825 **Current Mailing Address: New Mailing Address:** PO BOX 4566 WINTER PARK, FL 327934566 US FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNOZ, JUAN C 13045 GRAND BANK LANE ORLANDO, FL 32825 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MUNOZ, JUAN C MUNOZ, JUAN C DR Name: Name: 13045 GRAND BANK LANE Address: 13045 GRAND BANK LANE Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: ORLANDO, FL 32825 US (X) Change ( ) Addition Title: () Delete Title: Name: COLON, GLADYS Name: COLON, GLADYS C REV Address: 13045 GRAND BANK LANE Address: 13045 GRAND BANK LANE City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: ORLANDO, FL 32825 US Title: () Delete Title: (X) Change ( ) Addition MUNOZ, MARCOS NIEVES, MAYRA C REV Name: Name: P.O. BOX 470436 4531 ARCIE STREET Address: Address: City-St-Zip: LAKE MONROE, FL 32747 US City-St-Zip: ORLANDO, FL 32812 US Title: ( ) Delete Title: (X) Change ( ) Addition Name: RIVERA, EFRAIN Name: NIEVES, FELIPE N REV 4531 ARCIE STREET Address: 1889 EDEN DRIVE Address: City-St-Zip: DELTONA, FL 32725 US City-St-Zip: ORLANDO, FL 32812 US Title: () Delete Title: ( ) Change (X) Addition RIVERA, EFRAIN REV Name: Name: 1889 EDEN DRIVE Address: Address: City-St-Zip: City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN C. MUÑOZ DR 05/01/2005