

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91028 003 *****61.25

DOCUMENT # N99000000265

1. Entity Name

INSTITUTE OF THEOLOGICAL EDUCATION, INC.



Principal Place of Business

**3316 HAMLET LOOP
WINTER PARK FL 32792**

Mailing Address

**PO BOX 4566
WINTER PARK FL 32793-4566**

2. Principal Place of Business

13045 GRAND BANK LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip
32825-2738

Country
ORANGE

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

MUNOZ, JUAN C

3316 HAMLET LOOP

WINTER PARK FL 32792

Name

JUAN C. MUNOZ

Street Address (P.O. Box Number is Not Acceptable)

13045 GRAND BANK LANE

City **ORLANDO**

FL

Zip Code
32825

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MUNOZ, JUAN C**
STREET ADDRESS **3316 HAMLET LOOP**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☒ Change ☐ Addition
NAME **13045 GRAND BANK LANE**
STREET ADDRESS **ORLANDO, FL 32825-2738**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COLON, GLADYS**
STREET ADDRESS **3316 HAMLET LOOP**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☒ Change ☐ Addition
NAME **13045 GRAND BANK LANE**
STREET ADDRESS **ORLANDO, FL 32825-2738**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MUNOZ, MARCOS**
STREET ADDRESS **P.O. BOX 680965**
CITY-ST-ZIP **ORLANDO FL 32868-0965**

TITLE ☒ Change ☐ Addition
NAME **P.O. BOX 470436**
STREET ADDRESS **LAKE MONROE, FL 32747-0436**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RIVERA, EFRAIN**
STREET ADDRESS **1889 EDEN DRIVE**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **JUAN C. MUNOZ** 04/03/03 407 243-2578

CR2E037 (10/02)