

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710598

Entity Name: WEBBER INTERNATIONAL UNIVERSITY, INC.**Current Principal Place of Business:**KEITH WADE
1201 N. SCENIC HWY
BABSON PARK, FL 33827**Current Mailing Address:**KEITH WADE
P.O. BOX 96
BABSON PARK, FL 33827**FEI Number:** 59-2139553**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WADE, H. KEITH
WEBBER INTERNATIONAL UNIVERSITY, INC
1201 N. SCENIC HWY
BABSON PARK, FL 33827 US*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**Officer/Director Detail :**

Title	CHAIRMAN
Name	STRICKLER, JOE
Address	435 6TH ST. S.W.
City-State-Zip:	WINTER HAVEN FL 33880

Title	CFO, TREASURER
Name	CICCHETTO, JOSEPH
Address	PO BOX 96 1201 N. SCENIC HWY
City-State-Zip:	BABSON PARK FL 33827

Title	VC
Name	MIRANDA, JOSEPH F
Address	2301 LONGLEAF BLVD, SUITE.#300
City-State-Zip:	LAKE WALES FL 33859

Title	CEO
Name	WADE, H. KEITH
Address	WEBBER INTERNATIONAL UNIVERSITY, INC.
City-State-Zip:	BABSON PARK FL 33827

Title	SECRETARY
Name	JAHNA, EMIL
Address	PO BOX 66
City-State-Zip:	BABSON PARK FL 33827

Title	ASST. SECRETARY
Name	JORDON, CHRISTINA
Address	PO BOX 96 1201 N. SCENIC HWY
City-State-Zip:	BABSON PARK FL 33827

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA JORDON**ASSISTANT SECRETARY** 01/11/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date