

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725214

Entity Name: HEED UNIVERSITY SCHOOL OF THEOLOGY, INC.**Current Principal Place of Business:**502 MONACO K
DELRAY BEACH, FL 33446**Current Mailing Address:**502 MONACO K
DELRAY BEACH, FL 33446 US**FEI Number:** 59-1470351**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HIRSCH, RONALD N
502 MONACO K
DELRAY BEACH, FL 33446 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	VP, DIRECTOR
Name	HIRSCH, RONALD N DR.
Address	502 MONACO K
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR, SECRETARY
Name	MILRAD, FRADALLE E DR.
Address	P O BOX 9153
City-State-Zip:	PHOENIX AZ 85068

Title	CHAIRMAN, DIRECTOR
Name	PANUSH, DON B ESQ.
Address	250 W. 57TH ST.
City-State-Zip:	NEW YORK NY 10107

Title	PRESIDENT, DIRECTOR, TREASURER
Name	HIRSCH, TOVELAH SUSSON DR.
Address	502 MONACO K
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	MCCORMICK, MAURICE DR.
Address	8701 BRITTANY DRIVE
City-State-Zip:	LOUISVILLE KY 40220

Title	DIRECTOR
Name	WALKER, RICHARD
Address	433 E. 75TH ST.
City-State-Zip:	CHICAGO IL 60609

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: TOVELAH SUSSON HIRSCH**PRESIDENT****02/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date