

2021 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:** No**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 33446Title DIRECTOR, SECRETARY
Name MILRAD, FRADALLE E DR.
Address P O BOX 9153
City-State-Zip: PHOENIX AZ 85068Title CHAIRMAN, DIRECTOR
Name PANUSH, DON B ESQ.
Address 250 W. 57TH ST.
City-State-Zip: NEW YORK NY 10107Title PRESIDENT, DIRECTOR, TREASURER
Name HIRSCH, TOVELAH SUSSON DR.
Address 502 MONACO K
City-State-Zip: DELRAY BEACH FL 33446Title DIRECTOR
Name MCCORMICK, MAURICE DR.
Address 8701 BRITTANY DRIVE
City-State-Zip: LOUISVILLE KY 40220Title 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: DR. RONALD N. HIRSCH**VICE PRESIDENT.
DIRECTOR****05/07/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date