## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000005279

Entity Name: THE AMERICAN UNIVERSITY OF THEOLOGY AND

**TECHNOLOGY INC** 

**Current Principal Place of Business:** 

4810 SANTEE STREET SUITE 2 ORLANDO, FL 32804

**Current Mailing Address:** 

**4810 SANTEE STREET** 

SUITE 2

Name

ORLANDO, FL 32804 US

FEI Number: 85-1161396 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NUNEZ, GILBERTO

MLAA MULTISERVICES INC 621 CAPE CORAL PARKWAY EAST SUITE 1 CAPE CORAL, FL 33904 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: MAE FERNANDEZ 02/12/2025

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PLANNING AND DEVELOPMENT Title

DIRECTOR

Name REYNOSO, PAULINO A 4810 SANTEE STREET SUITE 2 Address

4810 SANTEE STREET Address

City-State-Zip: ORLANDO FL 32804 SUITE 2

City-State-Zip: ORLANDO FL 32804 Title **EXECUTIVE SECRETARY DIRECTOR** 

ACADEMIC DIRECTOR MORALES, ROSANNA Title Name

GRULLON, JUAN D Name **4810 SANTEE STREET** Address

SUITE 2 4810 SANTEE STREET Address City-State-Zip:

ORLANDO FL 32804 SUITE 2

City-State-Zip: ORLANDO FL 32804 Title VΡ

Title CHIEF MARKETING AND Name

JAVIER, TEOFILO COMMUNICATION DIRECTOR **4810 SANTEE STREET** 

Address Name FERNANDEZ, MAE SUITE 2

City-State-Zip: ORLANDO FL 32804 Address 4810 SANTEE STREET

SUITE 2

City-State-Zip: ORLANDO FL 32804

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: NUNEZ GILBERTO **PRESIDENT** 02/12/2025

**FILED** Feb 12, 2025

**Secretary of State** 

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