2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 764603

1. Entity Name
FLORIDA APOSTOLIC BIBLE INSTITUTE, INC.

Principal Place of Business	Mailing Address
806 MUSCOGEE RD CANTONMENT, FL 32533	P.O. BOX 941 CANTONMENT, FL 32533

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01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
16-1682052

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, DONICE
806 MUSCOGEE RD
CANTONMENT, FL 32533

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, DONICE
STREET ADDRESS	2265 WELCOME CIRCLE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VTD
NAME	TOLBERT, TC
STREET ADDRESS	226 ELSTON AVE
CITY-ST-ZIP	ANNISTON, AL 36201
TITLE	D
NAME	TRUSS, JAMES
STREET ADDRESS	PO BOX 86
CITY-ST-ZIP	LINCOLN, AL 35096
TITLE	D
NAME	CRUM, JOHN
STREET ADDRESS	4236 JACKSON ST
CITY-ST-ZIP	B'HAM, AL 35217
TITLE	D
NAME	TOLBERT, TC JR
STREET ADDRESS	768 GRAYON RD
CITY-ST-ZIP	OHATCHEE, AL 36217
TITLE	D
NAME	CUNNINGHAM, JOHNNY
STREET ADDRESS	7511 SELLARS ST
CITY-ST-ZIP	CENTURY, FL 32535

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01/26/07-80067-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donice Brown 1-8-07 850-937-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #