2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# 764603

Entity Name: FLORIDA APOSTOLIC BIBLE INSTITUTE, INC.

Current Principal Place of Business:

806 MUSCOGEE RD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 941
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 16-1682052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, DONICE
806 MUSCOGEE RD
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BROWN, DONICE	
Address:	2265 WELCOME CIRCLE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	VTD	( ) Delete
Name:	TOLBERT, TC	
Address:	226 ELSTON AVE	
City-St-Zip:	ANNISTON, AL 36201	
Title:	D	( ) Delete
Name:	TRUSS, JAMES	
Address:	PO BOX 86	
City-St-Zip:	LINCOLN, AL 35096	
Title:	D	( ) Delete
Name:	CRUM, JOHN	
Address:	4236 JACKSON ST	
City-St-Zip:	B'HAM, AL 35217	
Title:	D	( ) Delete
Name:	TOLBERT, TC JR	
Address:	768 GRAYON RD	
City-St-Zip:	OHATCHEE, AL 36217	
Title:	D	( ) Delete
Name:	CUNNINGHAM, JOHNNY	
Address:	7511 SELLARS ST	
City-St-Zip:	CENTURY, FL 32535	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHNNY CUNNINGHAM DIR 02/09/2009
Electronic Signature of Signing Officer or Director — Date