

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 742592</b>			
1. Entity Name APOSTOLIC BIBLE TEACHING INSTITUTE OF ESCAMBIA COUNTY, FLORIDA, INC.			
Principal Place of Business 197 BRIGADIER ST. PENSACOLA FL 32507		Mailing Address 197 BRIGADIER ST. PENSACOLA FL 32507	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2475693**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ALEXANDER, DAVID JR.  
197 BRIGADIER ST.  
PENSACOLA FL 32507

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALEXANDER, DAVID JR.	
STREET ADDRESS	197 BRIGADIER ST.	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, DONICE	
STREET ADDRESS	2265 WELCOME CIRCLE	
CITY- ST- ZIP	CANTONMENT FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRENSHAW, JANICE	
STREET ADDRESS	7824 WOODPOINTE DR	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, FRANKLIN R	
STREET ADDRESS	3109 LOST CREEK DRIVE	
CITY- ST- ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARSON, TOM	
STREET ADDRESS	130 W NORTH AVE	
CITY- ST- ZIP	HAGERSTOWN MD	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWARD, WILLIE C	
STREET ADDRESS	1168 FREEMANVILLE RD	
CITY- ST- ZIP	ATMORE AL 36502	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000305843
CITY- ST- ZIP	04/14/05-80101-025 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *David Alexander* **DAVID ALEXANDER** **APR 12, 2005** **850-455-7897**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #