

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90127 048 ****70.00

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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 (10/05)

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

7. Name and Address of New Registered Agent

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

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, 2006**

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 ☐ Delete
NAME ALEXANDER, DAVID JR.
STREET ADDRESS 197 BRIGADIER ST.
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ Delete
NAME BROWN, DONICE
STREET ADDRESS 2265 WELCOME CIRCLE
CITY-ST-ZIP CANTONMENT FL

TITLE SD ☐ Delete
NAME CRENSHAW, JANICE
STREET ADDRESS 7824 WOODPOINTE DR
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete
NAME ALEXANDER, FRANKLIN R
STREET ADDRESS 3109 LOST CREEK DRIVE
CITY-ST-ZIP CANTONMENT FL

TITLE D ☒ Delete
NAME PARSON, TOM
STREET ADDRESS 130 W NORTH AVE
CITY-ST-ZIP HAGERSTOWN MD

TITLE TD ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME DAVID ALEXANDER III
STREET ADDRESS 1325 E. CROSS ST.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D ☐ Change ☒ Addition
NAME JOHNNY CUNNINGHAM
STREET ADDRESS P.O. BOX 472
CITY-ST-ZIP CENTURY, FL 32535

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David Alexander Jr.* / DAVID ALEXANDER JR. 3-20-06 / 850-455-7897