2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742592

FILED Jan 22, 2009 Secretary of State

Entity Name: APOSTOLIC BIBLE TEACHING INSTITUTE OF ESCAMBIA COUNTY, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 197 BRIGADIER ST. PENSACOLA, FL 32507 **Current Mailing Address: New Mailing Address:** 197 BRIGADIER ST PENSACOLA, FL 32507 FEI Number: 59-2475693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALEXANDER, DAVID JR. 197 BRIGADIÉR ST. PENSACOLA, FL 32507 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ALEXANDER, DAVID JR., ALEXANDER, DAVID JR., Name: Name: 197 BRIGADIER ST. Address: 197 BRIGADIER ST. Address: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition BROWN, DONICE, Name: Name: Address: 2265 WELCOME CIRCLE Address: City-St-Zip: CANTONMENT, FL City-St-Zip: Title: () Delete Title: () Change () Addition CRENSHAW, JANICE Name: Name: 3001 HIGHPOINT PL Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: () Delete Title: Title: (X) Change () Addition ALEXANDER, FRANKLIN R Name: Name: ALEXANDER, FRANKLIN R 3109 LOST CREEK DRIVE 3109 LOST CREEK DRIVE Address: Address: City-St-Zip: CANTONMENT, FL City-St-Zip: CANTONMENT, FL 32514 Title: () Delete Title: () Change () Addition ALEXANDER, DAVID III Name: Name: 1325 EAST CROSS ST Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: () Delete Title: () Change () Addition HOWARD, WILLIE C Name: Name: Address: 1168 FREEMANVILLE RD Address: ATMORE, AL 36502 City-St-Zip: 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: DAVID ALEXANDER JR. PD 01/22/2009