

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764603

FILED
May 01, 2008
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, DONICE
806 MUSCOGEE RD
CANTONMENT, FL 32533 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:

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
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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 F CUNNINGHAM

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date