

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 764603**

**FILED  
Jan 09, 2011  
Secretary of State**

**Entity Name:** FLORIDA APOSTOLIC BIBLE COLLEGE & VOCATIONAL INSTITUTE, INC.

**Current Principal Place of Business:**

806 MUSCOGEE RD  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 106  
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  
Name: BROWN, DONICE  
Address: 2265 WELCOME CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

Title: VTD  
Name: CUNNINGHAM, JOHNNY  
Address: P.O. BOX 472 -7511 SELLARS RD  
City-St-Zip: CENTURY, FL 32535

Title: D  
Name: BROOKS, THOMAS  
Address: 3298 TONEY DRIVE  
City-St-Zip: DECATUR, GA 30032

Title: D  
Name: KNIGHT, NELLIE  
Address: 8090 TIPPEN AVE  
City-St-Zip: PENSACOLA, FL 32534

Title: D  
Name: SMITH, BARBARA  
Address: HWY 297  
City-St-Zip: CANTONMENT, FL 32533

Title: D  
Name: JOHNSON, LORETTA  
Address: BOOTH RD  
City-St-Zip: CANTONMENT, FL 32533

I hereby 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 all other like empowered.

**SIGNATURE:** DONICE BROWN SR

P

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date