

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

DOCUMENT# N08000004713

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA COLLEGE FOR BUSINESS CONTINUITY MANAGEMENT INC.

**Current Principal Place of Business:**

242-3956 TOWN CENTER BLVD.  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

1623 MILITARY ROAD # 377  
NIAGARA FALLS, NY 14394 US

**Current Mailing Address:**

1623 MILITARY ROAD  
377  
NIAGARA FALLS, NY 14304 US

**New Mailing Address:**

1623 MILITARY ROAD # 377  
NIAGARA FALLS, NY 14394 US

**FEI Number:** 98-0374086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BITTLE, MICHAEL E  
242-3956 TOWN CENTER BLVD  
ORLANDO, FL 32837 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: P  
Name: BITTLE, MICHAEL E  
Address: 242-3956 TOWN CENTER BLVD.  
City-St-Zip: ORLANDO, FL 32837 US

Title: VP  
Name: INSTITUTE FOR BUSINESS CONTINUITY TRAINING  
Address: 1623 MILITARY ROAD, # 377  
City-St-Zip: NIAGARA FALLS, NY 14304 US

Title: S/T  
Name: INST FOR BUSINESS CONTINUITY MANAGEMENT  
Address: 1623 MILITARY ROAD # 377  
City-St-Zip: NIAGARA FALLS, NY 14304 US

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: MICHAEL BITTLE

P

03/12/2011

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

\_\_\_\_\_  
Date