

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700930

Entity Name: ANTIOCH MISSIONARY BAPTIST CHURCH OF BROWNSVILLE -
MIAMI, FLORIDA, INCORPORATED**FILED**
Apr 01, 2019
Secretary of State
3902135345CC**Current Principal Place of Business:**2799 NORTHWEST 46TH STREET
MIAMI, FL 33142**Current Mailing Address:**ANTIOCH M.B. CHURCH
P.O. BOX 471016
MIAMI, FL 33247**FEI Number: 74-2894755****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LENO, CALVIN SR.
1681 NW 195TH STREET
MIAMI, FL 33169 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**Officer/Director Detail :**

Title	PRESIDENT
Name	TANKS, THOMAS
Address	2799 NW 46TH STREET
City-State-Zip:	MIAMI FL 33142

Title	VP
Name	LENO, CALVIN DAVID SR.
Address	2799 NW 46TH STREET
City-State-Zip:	MIAMI FL 33142

Title	D
Name	WALDEN, ANDY
Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33142

Title	D
Name	LOVETT, LARRIE M II
Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33142

Title	TREASURER
Name	MARTIN, CAROLYN
Address	2110 NW 81ST TERR.
City-State-Zip:	MIAMI FL 33147

Title	D
Name	LENO, JAMES ARTHUR
Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33142

Title	D
Name	ROUSE, FELPH
Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33142

Title	SECRETARY
Name	THURSTON, MONICA
Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33142

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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: JAMES LENO**DIRECTOR****04/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D
Name JACKSON, MACK
Address 2799 NW 46 STREET
City-State-Zip: MIAMI FL 33142

Title D
Name WRIGHT, MCKINLEY
Address 2799 NW 46 STREET
City-State-Zip: MIAMI FL 33142

Title D
Name ASHLEY, CECIL
Address 2799 NW 46 STREET
City-State-Zip: MIAMI FL 33142