# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0300004480

Entity Name: ANTIOCH FELLOWSHIP BAPTIST CHURCH, INC.

## **Current Principal Place of Business:**

9429 SANTORO STREET SPRING HILL, FL 34608

# **Current Mailing Address:**

9429 SANTORO STREET SPRING HILL, FL 34608 US

# FEI Number: 71-0906543

### Name and Address of Current Registered Agent:

MCNARY, LAVAUGHN E 9429 SANTORO STREET SPRING HILL, FL 34608 US Certificate of Status Desired: Yes

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

# **Officer/Director Detail :**

Title	PASTOR	Title	TREASURE
Name	MCNARY, LA VAUGHN E	Name	COLLINS, VERONICA M
Address	9429 SANTORO STREET	Address	9429 SANTORO STREET
City-State-Zip:	SPRING HILL FL 34608	City-State-Zip:	SPRING HILL FL 34608
Title	SECRETARY	Title	CHAIRMEN OF TRUSTEE'S
Name	STUBBLEFIELD, LATINA	Name	LANGFORD, GILBERT
Address	9429 SANTORO STREET	Address	9429 SANTORO ST
City-State-Zip:	SPRING HILL FL 34608	City-State-Zip:	SPRING HILL FL 34608
Title	TRUSTEE	Title	TRUSTEE
Title Name	TRUSTEE KELLEY, MARION	Title Name	TRUSTEE BRADFORD, DAVID
Name	KELLEY, MARION	Name	BRADFORD, DAVID
Name Address	KELLEY, MARION 9429 SANTORO STREET	Name Address	BRADFORD, DAVID 9429 SANTORO STREET
Name Address City-State-Zip:	KELLEY, MARION 9429 SANTORO STREET SPRING HILL FL 34608	Name Address City-State-Zip:	BRADFORD, DAVID 9429 SANTORO STREET SPRING HILL FL 34608
Name Address City-State-Zip: Title	KELLEY, MARION 9429 SANTORO STREET SPRING HILL FL 34608 TRUSTEE	Name Address City-State-Zip: Title	BRADFORD, DAVID 9429 SANTORO STREET SPRING HILL FL 34608 TRUSTEE
Name Address City-State-Zip: Title Name	KELLEY, MARION 9429 SANTORO STREET SPRING HILL FL 34608 TRUSTEE MACKSON, LOIS 9429 SANTORO STREET	Name Address City-State-Zip: Title Name	BRADFORD, DAVID 9429 SANTORO STREET SPRING HILL FL 34608 TRUSTEE WOODSON, GEORGE 9429 SANTORO STREET

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: VERONICA COLLINS

TREASURE

02/04/2023

Date

Electronic Signature of Signing Officer/Director Detail

Date