

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 12

DOCUMENT # 700930 (1)

1. Corporation Name

ANTIOCH MISSIONARY BAPTIST CHURCH OF BROWNSVILLE
- MIAMI, FLORIDA, INCORPORATED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/06/1960	3a. Date of Last Report 02/07/1994
4. FEI Number 05-0038782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
2790 NORTHWEST 46TH STREET MIAMI FL 33142		2790 NORTHWEST 46TH STREET MIAMI FL 33142	
21. Principal Place of Business	22. Mailing Address	26. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**WALDEN, ANDY
3130 NORTHWEST 67TH STREET
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHERSON, JAMES W.	12 NAME	
STREET ADDRESS	18010 N.W. 16TH AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, CHARLES	22 NAME	
STREET ADDRESS	2788 N.W. 45TH STREET	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, ANDY	32 NAME	
STREET ADDRESS	3130 N.W. 67TH STREET	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, RONALD	42 NAME	
STREET ADDRESS	8745 N.W. 23RD AVENUE	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWART, JESSE	52 NAME	
STREET ADDRESS	1372 NW 56TH ST	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, S.W.	62 NAME	
STREET ADDRESS	2914 N.W. 57TH STREET	63 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person; 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 in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Secretary Andy Walden 260195 5711215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiry Year