

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

1996-26 90 B-

DIVISION OF CORPORATIONS C

DOCUMENT # 700930

(1)

1. Corporation Name

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



Principal Place of Business

Mailing Address

2799 NORTHWEST 46TH STREET
MIAMI FL 33142

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MIAMI FL 33142

3. Date Incorporated or Qualified
05/06/1960

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
05-0038782

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDEN, ANDY
3130 NORTHWEST 67TH STREET
MIAMI FL 33147

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHERSON, JAMES W.	
STREET ADDRESS	18010 N.W. 16TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRESTON, CHARLES	
STREET ADDRESS	2788 N.W. 45TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALDEN, ANDY	
STREET ADDRESS	3130 N.W. 67TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOODY, RONALD	
STREET ADDRESS	8745 N.W. 23RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWART, JESSE	
STREET ADDRESS	1372 NW 56TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MELTON, S.W.	
STREET ADDRESS	2914 N.W. 57TH STREET	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lovett, Larric M	
1.3 STREET ADDRESS	300 S.W. 85 AVE #112	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33025	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Maek Jackson	
2.3 STREET ADDRESS	4900 N.W. 82 AVE.	
2.4 CITY-ST-ZIP	Miami, FL 33142	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Garit Astley	
3.3 STREET ADDRESS	1033 N.W. 56 St.	
3.4 CITY-ST-ZIP	Miami FL 33127	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Boston Pasley	
4.3 STREET ADDRESS	2253 N.W. 82 St	
4.4 CITY-ST-ZIP	Miami, FL 33147	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Felph Rouse	
5.3 STREET ADDRESS	1919 N.W. 82 St.	
5.4 CITY-ST-ZIP	Miami, FL 33142	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Spurgeon Deantignac	
6.3 STREET ADDRESS	1300 N.W. 51 St.	
6.4 CITY-ST-ZIP	Miami, FL 33142	

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 119.07(3)(k), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Andy Walden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

305 571 1255
Daytime Phone #

CR2E037 (12/95)