


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 700930**

1. Entity Name  
**ANTIOCH MISSIONARY BAPTIST CHURCH OF BROWNSVILLE - MIAMI, FLORIDA, INCORPORATED**



Principal Place of Business  
**2799 NORTHWEST 46TH STREET  
 MIAMI, FL 33142**

Mailing Address  
**ANTIOCH M.B. CHURCH  
 P.O. BOX 471016  
 MIAMI, FL 33247**

**DO NOT WRITE IN THIS SPACE**



05292005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>05-0038782</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK JACKSON 4900 N.W. 33 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRESTON, CHARLES 2788 N.W. 45TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALDEN, ANDY 3130 N.W. 67TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, RONALD 8745 N.W. 23RD AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWART, JESSE 1372 NW 56TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, S.W. 2914 N.W. 57TH STREET MIAMI, FL

U00000372506  
 07/13/05-80003-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Andy Walden **Andy Walden** 7/13/05 635-16146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #