FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

714543

(6)

ANTIOCH MISSION INTERNATIONAL, INC.

ANTIOON INCOMENTAL INCOME.						
Principal Place	e of Business	Mailing Address				
4310 THOMPSO SEBRING FL 33		4310 THOMPSON AVENUE SEBRING FL 33872-4869				·
						3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1968 01/31/1996
21	lace of Business	26				4. FEI Number
Suite, Apt. #, etc.		27				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		28	s State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Count	ry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25 25 9. Name and Address of Curre	5 29 30 30 nd Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	Or provide market and and and and	III I I I I I I I I I I I I I I I I I	April	8	1 Name	10. Raile and Address of from Registered Agent
HOPKINS	S,GEORGE L					
4310 CHAMPSON AVENUE				B	2 Street A	Address (P.O. Box Number is Not Acceptable) Correction: 4310 Thompson Avenue
SEBRING FL 33872				В	3	
				В	4 City	85 Zip Code
44 Dureuant t	to the provisions of Continue 617.05	00 and 617 1ED	o Florido Ctat.	the she		
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.						
agentrai	n familiar with, and accept the oblig	ations of, Section	on 617.0503, H	lorida Statut	es.	
SIGNATURE _	Signature, typed or printed name of registered ag	ent and tille if applica	abie. (NO	TE Registered A	oent signature r	required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1,1 TITLE	:	Change Addition
NAME	HOPKINS, LEONARD E			1,2 NAMI		ADBREGIS
STREET ADDRESS	5599 CENTER ST			1.3 STRE		4310 Thompson Avenue
CITY-ST-ZIP	JUPITER, FL 00000			1.4 CITY		Sebring, Florida 33872
TITLE	VDC		DELETE	2.1 TOTLE		Change Addition
NAME	HOPKINS, GEORGE L			2.2 NAMI	_	ADDAGES
STREFT ADDRESS	5499 CENTER ST					4310 Thompson Avenue
CITY-ST-ZIP TITLE	JUPITER, FL 00000 TO		OELETE		(-ST-ZIP	Sebring, Florida 33872 TD. — Grange Addition
NAME	CALL, GEORGE W		DELETE	3.1 TITLE	-	Alice Faye Hopkins -
STREET ADDRESS	417 CALL PLACE			3.2 NAME	ET ADODESS	4310 Thompson Avenue
CITY-ST-ZIP	JUPITER, FL 00000				ET ADURESS	Sebring, Florida 33872
TITLE	SD SD		DELETE	3.4. CITY 4.1 TITLE		SD Change Addition
NAME	HOPKINS, ALICE F.			4.2 NAM	1	Amos E. Price
STREET ADDRESS	4310 THOMPSON AVE.					4078 Silverlake Drive
CITY-S1-ZIP	SEBRING FL			4.4 CITY-	-ST-ZIP	Palatka, Florida 32177
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				52 NAME	E [
STREET ADDRESS				5.3 STREE	ET ADDRESS	
CITY-ST-ZIP	·			5.4 City	-ST-ZIP	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME	E	•
STREET ADDRESS					ET ADDRESS	
City-SI-ZIP	as costifu that the information eurolic	od with this filing	- door not gue	6.4 CITY-	-ST-ZIP	ated in Section 119.07(3)(i). Florida Statutes. I further certify that the
Information	n indicated on this annual report or :	supplemental ar	nnual report is t	true and acc	curate and t	aled in Section 119.07(3)(i). Florida Statutes, I further certify that the that my signature shall have the same legal effect as if made under oath; that export as required by Chapter 617, Florida Statutes; and that my name

LEGWARD EN HOPLINS