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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

(6)

ANTIOCH MISSION INTERNATIONAL, INC.

Principal Place of Business Mailing Address 4310 THOMPSON AVENUE 4310 THOMPSON AVENUE 3. Date incorporated or Qualified SEBRING FL 33872 SEBRING FL 33872 05/03/1968 4. FEI Number Applied For 59-6211860 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 6. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes NO NO Ziρ Country Country This corporation owes or has paid the current year Intangible ☐ Yes 24 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOPKINS.GEORGE L Street Address (P.O. Box Number is Not Acceptable) 4310 THOMPSON AVE. **SEBRING FL 33872** 83 City Zip Code 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE HOPKINS, LEONARD E NAME 1.2 NAME 4310 THOMPSON AVE. 1.3 STREET ADDRESS STREET ADDRESS **SEBRING FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE **VDC** 2.1 TITLE HOPKINS, GEORGE L NAME 2.2 NAME 4310 THOMPSON AVE. STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE HOPKINS, ALICE F NAME 3.2 NAME 4310 THOMPSON AVE. 3.3 STREET ADDRESS STREET ADORESS SEBRING FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME PRICE, AMOS E 4. 2 NAME 4078 SILVERLAKE DRIVE STREET ADDRESS 4.3 STREET ADDRESS PALATKA FL CITY-ST-ZIP 4.4 City-ST-ZIP Addition DELETE Change

8.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 chapted, or on an enact plent with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

HONARD E. HODGING SIGNATURE:

DELETE

☐ Change

Addition

FILED

Mar 06 1998 8:00am

Secretary of State