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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 714543

1. Corporation Name

ANTIOCH MISSION INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4310 THOMPSON AVENUE
 SEBRING FL 33872

4310 THOMPSON AVENUE
 SEBRING FL 33872

* 2 2 2 1 1 9 5 *
 221195 - 90176 - 31



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 4310 Thompson Avenue
 Suite, Apt. #, etc.

26 4310 THOMPSON AVENUE
 Suite, Apt. #, etc.

05/03/1968

4. FEI Number
 59-6211860

Applied For
 Not Applicable

23 Sebring, Florida
 City & State

28 SEBRING, FLORIDA
 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 33872 25 U.S.A.
 Zip Country

29 33872 30 U.S.A.
 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPKINS, GEORGE L
 4310 THOMPSON AVE.
 SEBRING FL 33872

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
 NAME HOPKINS, LEONARD E
 STREET ADDRESS 4310 THOMPSON AVE.
 CITY-ST-ZIP SEBRING FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VDC
 NAME HOPKINS, GEORGE L
 STREET ADDRESS 4310 THOMPSON AVE.
 CITY-ST-ZIP SEBRING FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE TD
 NAME HOPKINS, ALICE F
 STREET ADDRESS 4310 THOMPSON AVE.
 CITY-ST-ZIP SEBRING FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE SD
 NAME PRICE, AMOS E
 STREET ADDRESS 4078 SILVERLAKE DRIVE
 CITY-ST-ZIP PALATKA FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD HOPKINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED Leonard E Hopkins - 3/11/99 471-3104
 Date Daytime Phone #

CR2E037 (1/198)