


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 714543
 1. Entity Name
 ANTIOCH MISSION INTERNATIONAL, INC.



Principal Place of Business: 4310 THOMPSON AVENUE, SEBRING, FL 33872
 Mailing Address: PO BOX 1277, JUPITER, FL 33468

DO NOT WRITE IN THIS SPACE



03052005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-6211860
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOPKINS, LEONARD E
 4310 THOMPSON AVE.
 SEBRING, FL 33872

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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 re-registering)

Filing Fee is \$61.25
Due by May 1, 2005

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

1100000299201
 04/11/05-80098-013 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOPKINS, LEONARD E
STREET ADDRESS	4310 THOMPSON AVE.
CITY - ST - ZIP	SEBRING, FL
TITLE	VDC
NAME	HOPKINS, WESLEY L
STREET ADDRESS	APARTADO POSTAL 2-292
CITY - ST - ZIP	GUADALAJARA, JALISCO, MEXICO, OH 44281
TITLE	TD
NAME	HOPKINS, ALICE F
STREET ADDRESS	4310 THOMPSON AVE.
CITY - ST - ZIP	SEBRING, FL
TITLE	SD
NAME	PRICE, AMOS E
STREET ADDRESS	4078 SILVERLAKE DRIVE
CITY - ST - ZIP	PALATKA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Leonard E. Hopkins* LEONARD E. HOPKINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: APRIL 5, 2005 850-449-4475
 Daytime Phone #