

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 A
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**



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
 IN THIS SPACE**

7. 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when (re)stating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

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

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 04/11/06-80047-011 70.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonard E Hopkins* - **LEONARD E HOPKINS** 3/20/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-981-3397