


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90005 043 ****70.00

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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	
2. Principal Place of Business - No P.O. Box # 2122 S. E. OPAL WAY		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State STUART, FLORIDA		City & State	
Zip 34997-6514	Country U.S.A.	Zip	Country
6. Name and Address of Current Registered Agent HOPKINS, LEONARD E 4310 THOMPSON AVE. SEBRING, FL 33872		7. Name and Address of New Registered Agent Name SANFORD, HARRIET Street Address (P.O. Box Number is Not Acceptable) 2122 S. E. OPAL WAY City STUART FL Zip Code 34997-6514	
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 <i>Harriet J. Sanford</i> Harriet J. Sanford 2-26-07 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPKINS, LEONARD E 4310 THOMPSON AVE. SEBRING, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPKINS, LEONARD E. 6624 WOODBROOK CT. MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC HOPKINS, WESLEY L APARTADO POSTAL 2-292 GUADALAJARA, JALISCO, MEXICO, OH 44281 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPKINS, ALICE F 4310 THOMPSON AVE. SEBRING, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPKINS, ALICE F. 6624 WOODBROOK CT. MILTON, FL. 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, AMOS E 4078 SILVERLAKE DRIVE PALATKA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, AMOS E. 265 HOLLY DRIVE PALATKA, FL 32177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 <i>Leonard E. Hopkins</i> LEONARD E. HOPKINS		3/27/2007 772-286-8758 Date Daytime Phone #	