


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
2122 SE OPAL WAY **PO BOX 1277**
STUART, FL 34997-6514 **JUPITER, FL 33468**

DO NOT WRITE IN THIS SPACE



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6211860	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANFORD, HARRIET
2122 SE OPAL WAY
STUART, FL 34997-6514

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

10: OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPKINS, LEONARD E 6624 WOODBROOK CT. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC HOPKINS, WESLEY L APARTADO POSTAL 2-292 GUADALAJARA, JALISCO, MEXICO, OH 44281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPKINS, ALICE F 6624 WOODBROOK CT. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, AMOS E 205 HOLLY DRIVE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000843019
 03/11/08-80052-023 70.00

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: Leonard E. Hopkins **LEONARD E. HOPKINS** 2/26/2008 850-981-3397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #