


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	PD
NAME	HOPKINS, LEONARD E
STREET ADDRESS	6624 WOODBROOK CT.
CITY-ST-ZIP	MILTON, FL 32583
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	6624 WOODBROOK CT.
CITY-ST-ZIP	MILTON, FL 32583
TITLE	SD
NAME	PRICE, AMOS E
STREET ADDRESS	205 HOLLY DRIVE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 #