

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714543

FILED
Feb 19, 2009
Secretary of State

Entity Name: ANTIOCH MISSION INTERNATIONAL, INC.

Current Principal Place of Business:

2122 SE OPAL WAY
STUART, FL 349976514

New Principal Place of Business:

Current Mailing Address:

PO BOX 1277
JUPITER, FL 33468

New Mailing Address:

FEI Number: 59-6211860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANFORD, HARRIET
2122 SE OPAL WAY
STUART, FL 349976514 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOPKINS, LEONARD E,
Address: 6624 WOODBROOK CT,
City-St-Zip: MILTON, FL 32583

Title: VDC () Delete
Name: HOPKINS, WESLEY L
Address: APARTADO POSTAL 2-292
City-St-Zip: GUADALAJARA, JALISCO, MEXICO, OH 44281

Title: TD () Delete
Name: HOPKINS, ALICE F
Address: 6624 WOODBROOK CT.
City-St-Zip: MILTON, FL 32583

Title: SD () Delete
Name: PRICE, AMOS E
Address: 205 HOLLY DRIVE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD E. HOPKINS

PD

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date