2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714727

FILED Jun 04, 2007 Secretary of State

Entity Nam	ne: ANTIOCH PRIMITIVE BAPTIST CHURCH, INC.).	
Current Pr	incipal Place of Business:	New Principal Place of Business:	
	Y KENNEDY ST. , FL 328114158		
Current Mailing Address:		New Mailing Address:	
	Y KENNEDY ST. , FL 328114158		
FEI Number: In accordanc	59-2962043 FEI Number Applied For() FEI Nu e with s. 607.193(2)(b), F.S., the corporation did not receive	Number Not Applicable () Certificate of Status Desired () re the prior notice.	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
	DER ALVIN IILO PLACE #202 , FL 32836 US	TYSON, ELDER ALVIN 10536 DEMILO PLACE #205 ORLANDO, FL 32836 US	
The above in the State	named entity submits this statement for the purpose of Florida.	e of changing its registered office or registered agent, or bo	th,
SIGNATUR	E: ELDER ALVIN TYSON	06/04/2007	
	Electronic Signature of Registered Agent	Date	_
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS:
Title: Name: Address: City-St-Zip:	C () Delete TYSON, ELDER ALVIN 10512 DEMILO PL #202 ORLANDO, FL 32836	Title: C (X) Change () Addition Name: TYSON, ELDER ALVIN Address: 10536 DEMILO PL #205 City-St-Zip: ORLANDO, FL 32836	
Title: Name: Address: City-St-Zip:	S () Delete WILSON, JOSEPHINE 4524 KING COLE BLVD ORLANDO, FL 32811	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	T () Delete HINSON, CAROLYN 1117 KOZART ST ORLANDO, FL 32811	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete HINSON, MARK 4868 CYPRESS WOODS DR ORLANDO, FL 32826	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete SIMMONS, LARRY 4967 LUCERNE TERRACE ORLANDO, FL 32819	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: ELDER ALVIN TYSON COB 06/04/2007