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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744118** (1)

1. Corporation Name

ANTIOCH BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**66 E. MERRITT AVE.
MERRITT IS 32953
US**

**P.O. BOX 540361
MERRITT ISLAND FL 32954-0361
US**



3. Date Incorporated or Qualified **08/31/1978** 3a. Date of Last Report **03/06/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMSEY, PEGGY N.
5960 N COURTENAY PKWY
MERRITT ISLAND FL 32953**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SNOW, WM L	
STREET ADDRESS	345 CARROUSEL CT	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	POLLARD, ELMER L	
STREET ADDRESS	482 ORANGE AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	RAMSEY, JOHN	
STREET ADDRESS	5960 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREENFIELD, RENEE'	
STREET ADDRESS	2514 N. IND. R. DR.	
CITY-ST-ZIP	COCOA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAMSEY, PEGGY	
STREET ADDRESS	5960 N. COURTENAY PARKWAY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William R Reeves
1.3 STREET ADDRESS	513 Palm Ave.
1.4 CITY-ST-ZIP	Merritt island Fl 32952
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **P. Ramsey** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 407.452.4862
Date Daytime Phone # 0020176

CR2E037 (9/96)