

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744118

1. Entity Name

ANTIOCH BAPTIST CHURCH, INC.

Principal Place of Business

66 E. MERRITT AVE.
MERRITT IS 32953
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1954029

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, WAYNE
605 WARNER WAY
MERRITT ISLAND FL 32953

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WILSON, WAYNE D
STREET ADDRESS 605 WARNER WAY
CITY-ST-ZIP MERRITT ISLAND FL 32953

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME SNOW, KRISTINE
STREET ADDRESS 375 ISLAND OAKS PL
CITY-ST-ZIP MERRITT ISLAND FL 32953

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME GREENFIELD, RENEE
STREET ADDRESS 4635 N FRIDAY CIR
CITY-ST-ZIP COCOA FL 32926

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ROBINSON, EULA
STREET ADDRESS 820 GARDNER RD
CITY-ST-ZIP ROCKLEDGE FL 32955

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME POLLARD, ELMER L
STREET ADDRESS 482 ORANGE AVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

(321) 452-4862

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE