2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#744118

Entity Name: ANTIOCH BAPTIST CHURCH, INC.

FILED Jan 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

66 E. MERRITT AVE.

MERRITT ISLAND, FL 32953 US

Current Mailing Address: New Mailing Address:

P.O. BOX 540361

MERRITT ISLAND, FL 329540361 US

FEI Number: 59-1954029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, WAYNE GILLIAM, JOSEPH 605 WARNER WAY 605 WARNER WAY

MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32953 US

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: JOSEPH GILLIAM 01/13/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: WILSON, WAYNE D Name: GILLIAM, JOSÉPH W

 Address:
 605 WARNER WAY
 Address:
 605 WARNER WAY

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:
 MERRITT ISLAND, FL 32953

Title: T () Delete Title: () Change () Addition

 Name:
 SNOW, KRISTINE
 Name:

 Address:
 375 ISLAND OAKS PL.
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 GREENFIELD, RENEE',
 Name:
 GILLIAM, SABRINA A

 Address:
 4635 N FRIDAY CIR
 Address:
 605 WARNER WAY

 City-St-Zip:
 COCOA, FL 32926
 City-St-Zip:
 MERRITT ISLAND, FL 32953

Title: D () Delete Title: () Change () Addition

 Name:
 POLLARD, ELMER L
 Name:

 Address:
 482 ORANGE AVE
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL 32952
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH GILLIAM PD 01/13/2004