

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744118

FILED
Jan 10, 2005
Secretary of State

Entity Name: ANTIOCH BAPTIST CHURCH, INC.

Current Principal Place of Business:

66 E. MERRITT AVE.
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540361
MERRITT ISLAND, FL 329540361 US

New Mailing Address:

FEI Number: 59-1954029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLIAM, JOSEPH
605 WARNER WAY
MERRITT ISLAND, FL 32953 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: GILLIAM, JOSEPH W
Address: 605 WARNER WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T () Delete
Name: SNOW, KRISTINE
Address: 375 ISLAND OAKS PL.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD () Delete
Name: GILLIAM, SABRINA A
Address: 605 WARNER WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: POLLARD, ELMER L
Address: 482 ORANGE AVE
City-St-Zip: MERRITT ISLAND, FL 32952

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 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: JOE GILLIAM

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date