


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **755879** (4)
1. Corporation Name
ANTIOCH MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business 5201 HORTON ROAD PLANT CITY FL 33567	Mailing Address 5201 HORTON ROAD PLANT CITY FL 33567-3731
--	---

3. Date Incorporated or Qualified 01/14/1981	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2476549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29	30 33564-3867
--	--	-------------------------

9. Name and Address of Current Registered Agent
**WILLIAMS, J H (REV)
5201 HORTON ROAD
PLANT CITY FL 33567**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **300002159669
-04/30/97--01002--023**
84 City *****61.25** 85 Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TCD	<input checked="" type="checkbox"/> DELETE
NAME	RANDOLPH, EDDIE	
STREET ADDRESS	5909 RAMSGATE PLACE	
CITY-ST-ZIP	PLANT CITY, FL 0	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BROWN, AARON	
STREET ADDRESS	2505 HWY. 60 EAST	
CITY-ST-ZIP	PLANT CITY, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, J.H. (REV)	
STREET ADDRESS	1024 W. 11TH ST. BX 1314	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DCM	<input type="checkbox"/> DELETE
NAME	BROADNAX, LONNIE	
STREET ADDRESS	2203 COLSON RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	Henry White	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		5505 Joe King Road	
1.3 STREET ADDRESS		Plant City, FL 33567	
1.4 CITY-ST-ZIP			
2.1 TITLE	S	Margaret A. Manning	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		5222 Nesmith Road	
2.3 STREET ADDRESS		Plant City, FL 33567	
2.4 CITY-ST-ZIP			
3.1 TITLE	S	Gwendolyn Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		5602 Joe King Road	
3.3 STREET ADDRESS		Plant City, FL 33567	
3.4 CITY-ST-ZIP			
4.1 TITLE	C	Derek Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		2203 N. Johnson Street	
4.3 STREET ADDRESS		Plant City, FL 33566	
4.4 CITY-ST-ZIP			
5.1 TITLE	C	James Reaves	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		2101 E. Beal Road	
5.3 STREET ADDRESS		Plant City, FL 33567	
5.4 CITY-ST-ZIP			
6.1 TITLE	C	Doreatha Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		2505 Hwy. 60 East	
6.3 STREET ADDRESS		Plant City, FL 33567	
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)(l), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **WILLIAMS** / 12/97 813/737-3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046215

CR2E037 (9/96)

RAW
4-28-97