


FILE NOW: FILING FEE IS \$61.25

FILED

**May 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755879 (4)

1. Corporation Name
ANTIOCH MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business 5201 HORTON ROAD PLANT CITY FL 33667	Mailing Address P.O. BOX 3867 PLANT CITY FL 33564-3867
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3. Date Incorporated or Qualified
01/14/1981

4. FEI Number
59-2476549

Applied For	
Not Applicable	

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, HENERY	1.2 NAME	MARTHA, HOLLEY
STREET ADDRESS	5505 JOE KING ROAD	1.3 STREET ADDRESS	2702 Sam Hicks Road
CITY-ST-ZIP	PLANT CITY FL 33567	1.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, AARON	2.2 NAME	
STREET ADDRESS	2505 HWY. 80 EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 0	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, J.H. (REV)	3.2 NAME	
STREET ADDRESS	1024 W. 11TH ST. BX 1314	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROADNAX, LONNIE	4.2 NAME	DCM BROWN, DEREK
STREET ADDRESS	2203 COLSON RD	4.3 STREET ADDRESS	2203 N, Johnson Street
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, MARGARET	5.2 NAME	
STREET ADDRESS	5222 NESMITH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33587	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, GWNDOLYN	6.2 NAME	
STREET ADDRESS	5602 JOE KING ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33587	6.4 CITY-ST-ZIP	

14. 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 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: *J. H. Williams* **JH Williams 11/19/98 813 737-3320**

CR2E037 (10/97)