


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>5201 HORTON ROAD PLANT CITY FL 33667</b>	Mailing Address <b>P.O. BOX 3867 PLANT CITY FL 33564-3867</b>
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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 Country	30. Zip 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. City	
84. City	<b>FL</b>
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	<b>WHITE, HENERY</b>	1.2 NAME	<b>MARTHA, HOLLEY</b>
STREET ADDRESS	<b>5505 JOE KING ROAD</b>	1.3 STREET ADDRESS	<b>2702 Sam Hicks Road</b>
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	1.4 CITY-ST-ZIP	<b>Plant City, FL 33567</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, AARON</b>	2.2 NAME	
STREET ADDRESS	<b>2505 HWY. 80 EAST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY, FL 0</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, J.H. (REV)</b>	3.2 NAME	
STREET ADDRESS	<b>1024 W. 11TH ST. BX 1314</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROADNAX, LONNIE</b>	4.2 NAME	<b>DCM BROWN, DEREK</b>
STREET ADDRESS	<b>2203 COLSON RD</b>	4.3 STREET ADDRESS	<b>2203 N, Johnson Street</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>	4.4 CITY-ST-ZIP	<b>Plant City, FL 33566</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, MARGARET</b>	5.2 NAME	
STREET ADDRESS	<b>5222 NESMITH ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL 33587</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, GWNDOLYN</b>	6.2 NAME	
STREET ADDRESS	<b>5602 JOE KING ROAD</b>	6.3 STREET ADDRESS	
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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)