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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755879

1. Corporation Name
ANTIOCH MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business 5201 HORTON ROAD PLANT CITY FL 33567	Mailing Address P.O. BOX 3867 PLANT CITY FL 33564-3867
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/14/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2476549
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, HENRY	1.2 NAME	
STREET ADDRESS	5505 JOE KING ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	1.4 CITY-ST-ZIP	
TITLE	CD <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. 60 EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 0	2.4 CITY-ST-ZIP	
TITLE	PD <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	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA, H	4.2 NAME	
STREET ADDRESS	2702 SAM HICKS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	4.4 CITY-ST-ZIP	
TITLE	DCM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, D	5.2 NAME	
STREET ADDRESS	2203 N JOHNSON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	5.4 CITY-ST-ZIP	
TITLE	S <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 33567	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/26/99 813 737-3240
Daytime Phone #

CR2E037 (1/98)