

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90201 046 ****70.00

DOCUMENT # 755879

1. Entity Name

ANTIOCH MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

5201 HORTON ROAD
 PLANT CITY FL 33567

P.O. BOX 3867
 PLANT CITY FL 33564-3867

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2476549

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, J H (REV)
5201 HORTON ROAD
PLANT CITY FL 33567

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **T WHITE, HENERY**
 STREET ADDRESS **5505 JOE KING ROAD**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD BROWN, AARON**
 STREET ADDRESS **2505 HWY. 60 EAST**
 CITY-ST-ZIP **PLANT CITY, FL 0**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD WILLIAMS, J.H. (REV)**
 STREET ADDRESS **1024 W. 11TH ST. BX 1314**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AT MARTHA, H**
 STREET ADDRESS **2702 SAM HICKS RD**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DCM BROWN, D**
 STREET ADDRESS **2203 N JOHNSON ST**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S THOMAS, GWNDOLYN**
 STREET ADDRESS **5602 JOE KING ROAD**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE Change Addition
 NAME **ST THOMAS, GWENDOLYN**
 STREET ADDRESS **5602 JOE KING RD**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gwendolyn Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gwendolyn Thomas

Date

Daytime Phone #

18 Feb 2000 813 737-2004