


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 755879	
1. Entity 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 33563-0015
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01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2476549	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, GWENDOLYN 5602 JOE KING RD PLANT CITY, FL 33567
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000857869
 04/01/08-80021-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, HENRY 5505 JOE KING ROAD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THOMPSON, FREDDIE 5418 HORTON RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HOLLEY, MARTHA 2702 SAM HICKS RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, GWENDOLYN 5602 JOE KING RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEY SR., RODNEY K 4708 HORTON RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **29 Feb 08** 813 340-2557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #