2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # N0000003230 1. Entity Name ANTIOCH BAPTIST CHURCH OF QUINCY FLORIDA, INC.							01-29-20	007 90101	007 ****(51.25	
284 MCCALL BRIDGE RD 284			illing Address 34 MCCALL BRIDGE RD UINCY, FL 32351								
2. Principal Place of Business - No P.O. Box # 3. Mai			failing Address					 	IIII III IIII IIII IIII		
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01232007	Chg-NP	CR2E0	37 (12/06)		
City & State		Cit	City & State			4. FEI Numbe 59-1756				pplied For ot Applicable	
Zip	Country	Zip		Country		5. Certificate	of Status Desire	ed 🗌	\$8.75 Ad Fee Require		
···-	6. Name and Address of Cu	rrent Registere	d Agent			7. Name and	Address of Ne	w Registered	Agent		
STODARD, RHONDA				Name	Name						
1461 MCCALL BRIDGE RD QUINCY, FL 32351				Stree	t Address (P.O. Box Numbe	r is Not Accept	table)		····	
				City				FL	Zip Cod	le	
	named entity submits this statem ions of registered agent.	ent for the purpo	ose of changing its	registered office	or register	ed agent, or bot	h, in the State o	of Florida. I am	familiar with,	and accept	
SIGNATURE .											
	Signature, typed or printed name of registered	dagent and title if app	icable (NOTE	Registered Agent sig	nature required	when reinstating)		DATE			
	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2007	d agent and title it app	9. Election Can Trust Fund C	npaign Financine		\$5.00 May Be Added to Fees	9		k payable t		
10.	Filing Fee is \$61.25 Due by May 1, 2007	d agent and title if app	9. Election Can	npaign Financine	; 🗆	\$5.00 May Bo		Make chec Florida Depa	rtment of S	tate	
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12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Date: