


2008 ANNUAL REPORT

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # N00000003230
 1. Entity Name
ANTIOCH BAPTIST CHURCH OF QUINCY FLORIDA, INC.



Principal Place of Business
 284 MCCALL BRIDGE RD
 QUINCY, FL 32351

Mailing Address
 284 MCCALL BRIDGE RD
 QUINCY, FL 32351

DO NOT WRITE IN THIS SPACE



03092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-1756512

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STODARD, RHONDA
 1461 MCCALL BRIDGE RD
 QUINCY, FL 32351

DO NOT WRITE IN THIS SPACE

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORRIS, KIRBY 418 N. 9TH STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT STODARD, RHONDA 1461 MCCALL BRIDGE ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARNAGE, NANCY 4798 PAT THOMAS HWY. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSD PARRAMORE, IMA GLENN OLD FEDERAL RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMUD JOHNSON, FRANCES 552 THARPE CIRCLE QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000854518
 03/27/08-80011-012 61.25

DO NOT WRITE IN THIS SPACE

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: Rhonda Stodard 3/11/08 (850) 414-8479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #