


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000006911	
1. Entity Name ANTIOCH PRIMITIVE BAPTIST CHURCH, INC. OF HAVANA	

Principal Place of Business 323 CONVERS ST. HAVANA, FL 32333	Mailing Address 323 CONVERS ST. HAVANA, FL 32333
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**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CHANDLER, MILDRED L 408 4TH ST HAVANA, FL 32333	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT JONES, JAMES L 198 WASHINGTON AVE HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT JACKSON, ROBERIC B 260 DEER CREEK RD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CHANDLER, MILDRED L 408 4TH ST HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JACKSON, CAROL J 907 S MAIN ST HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000280833  
03/30/05-80035-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Roberic B. Jackson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/28/05 <small>Date</small>	850-414-6376 <small>Daytime Phone #</small>
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