

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003903

FILED  
Apr 25, 2002 8:00 AM  
Secretary of State

**Entity Name:** ANTIOCH MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

8TH AVENUE WEST  
HORSESHOE BEACH, FL 32648

**New Principal Place of Business:**

615 NE 3RD. ST  
TRENTON, FL 32693

**Current Mailing Address:**

P.O. BOX 1058  
CORSS CITY, FL 326281058

**New Mailing Address:**

615 NE 3RD. TS  
TRENTON, FL 32693

**FEI Number:** 75-3033991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENRY, ROGER  
8TH AVENUE WEST  
HORSESHOE BEACH, FL 32648

**Name and Address of New Registered Agent:**

HENRY, ROGER  
615 NE 3RD ST  
TRENTON, FL 32693

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:

04/25/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HENRY, ROGER  
Address: P.O. BOX 1058  
City-St-Zip: CORSS CITY, F; 32628

Title: VD ( ) Delete  
Name: HENRY, JENNIFER  
Address: P.O. BOX 1058  
City-St-Zip: CORSS CITY, F; 32628

Title: SD ( ) Delete  
Name: FOSSETT, TAMMY  
Address: 7618 KNOLL DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD ( ) Delete  
Name: SNELLGROVE, DIANE  
Address: P.O. BOX 1573  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D ( ) Delete  
Name: CLEMONS, CHAD  
Address: 3800 S.W. 65TH STREET  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: FOSSETT, PAUL  
Address: 7618 KNOLL DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HENRY, ROGER  
Address: 615 NE 3RD. ST  
City-St-Zip: TRENTON, FL 32693

Title: VD (X) Change ( ) Addition  
Name: HENRY, JENNIFER  
Address: 615 NE 3RD ST  
City-St-Zip: TRENTON, FL 32693

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SPAULDING, BOB  
Address: EAST CALL STREET  
City-St-Zip: STARKE, FL 32091

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER HENRY

PD

04/25/2002

Electronic Signature of Signing Officer or Director

Date