


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02439 (0)
1. Corporation Name
ANTIOCH MISSIONARY BAPTIST CHURCH, INC., OF POMPANO BEACH, FLORIDA



Principal Place of Business 420 N.W. 8TH AVENUE POMPANO BEACH FL 33060	Mailing Address 420 N.W. 8TH AVENUE POMPANO BEACH FL 33060-5944
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3. Date Incorporated or Qualified 04/09/1984	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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4. FEI Number 65-0158704	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MATHIS, U. SAMUEL JR. REV
1681 NW 1ST WAY
POMPANO BCH FL 33060**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, ULYSSES JR. REV	1.2 NAME	
STREET ADDRESS	1681 N.W. 1ST WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYSTER, JOHN W JR.	2.2 NAME	
STREET ADDRESS	184 N.W. 15TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, EDDIE DEA.	3.2 NAME	
STREET ADDRESS	1751 N.W. 7TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHNNY	4.2 NAME	
STREET ADDRESS	152 NW 15TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL 33060	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, WALTER JR.	5.2 NAME	
STREET ADDRESS	422 NW 8TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL 33060	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYLES, FRANCIS	6.2 NAME	
STREET ADDRESS	1583 N.W. 15TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL 33060	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 01-16-97 (954)782-5881

CR2E037 (9/96)