

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 24, 2005
Secretary of State**

DOCUMENT# N02439

Entity Name: ANTIOCH MISSIONARY BAPTIST CHURCH, INC., OF POMPANO BEACH, FLORIDA**Current Principal Place of Business:**420 N.W. 8TH AVENUE
POMPANO BEACH, FL 33060**New Principal Place of Business:****Current Mailing Address:**420 N.W. 8TH AVENUE
POMPANO BEACH, FL 33060**New Mailing Address:**

FEI Number: 65-0158704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:NEAL, ALONZO C REV.
4301 WEST MCNAB RD.
APT. 15
POMPANO BEACH, FL 33069 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VPD () Delete
Name: CLARK, WALTER JR
Address: 2541 N. W. 12TH CT
City-St-Zip: POMPANO BCH, FL 33069Title: SD () Delete
Name: BEAN, HENRY DEA.
Address: 6125 NW 45TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33073Title: D () Delete
Name: WILLIAMS, JOHNNY
Address: 152 NW 15TH PLACE
City-St-Zip: POMPANO BCH., FL 33060Title: TD () Delete
Name: JONES, JAMES L
Address: 1595 N.W. 7TH AVENUE
City-St-Zip: POMPANO BCH., FL 33060Title: D () Delete
Name: TURNER, MARY
Address: 618 NW 2ND AVE
City-St-Zip: DEERFIELD BEACH, FL 33441**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: CLARK, WALTER JR
Address: 2541 N. W. 12TH CT
City-St-Zip: POMPANO BCH, FL 33069Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VPD (X) Change () Addition
Name: WOODS, ROBERT
Address: 1019 NE 8TH STREET
City-St-Zip: POMPANO BCH., FL 33060Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: JACKSON, CYNTHIA
Address: 312 NW 16TH COURT
City-St-Zip: POMPANO BEACH, FL 3306

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: JAMES L. JONES

TD

06/24/2005

Electronic Signature of Signing Officer or Director

Date