2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02439

FILED Apr 30, 2008 Secretary of State

Entity Name: ANTIOCH MISSIONARY BAPTIST CHURCH, INC., OF POMPANO BEACH, FLORIDA

Current Principal Place of Business: New Principal Place of Business: 420 N.W. 8TH AVENUE POMPANO BEACH, FL 33060 US **Current Mailing Address: New Mailing Address:** 420 N.W. 8TH AVENUE POMPANO BEACH, FL 33060 FEI Number: 65-0158704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEAL, ALONZO C PASTOR NEAL, ALONZO C PASTOR 4301 WEST MCNAB RD. 1516 NW 7TH STREET. **APT. 15** POMPANO BEACH, FL 33069 US POMPANO BEACH, FL 33069 US 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: ALONZO C. NEAL, SR. 04/30/2008 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition CLARK, WALTER CHAIRMA Name: Name: 2541 N. W. 12TH CT Address: Address: City-St-Zip: POMPANO BCH, FL 33069 City-St-Zip: Title: SDF Title: () Delete () Change () Addition BEAN, HENRY Name: Name: Address: 6125 NW 45TH TERRACE Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: () Delete Title: () Change () Addition WOODS, ROBERT Name: Name: Address: 1019 NE 8TH STREET Address: City-St-Zip: POMPANO BCH., FL 33060 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JONES, JAMES L Name: 1595 N.W. 7TH AVENUE Address: Address: City-St-Zip: POMPANO BCH., FL 33060 City-St-Zip: Title: D/T () Delete Title: D/T (X) Change () Addition EVANS, MARION D Name: Name: MCGILL, WILLIAM D 1565 NW 3 RD TERR 4054 NW 1ST DRIVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: DEERFIELD BEACH,, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM MCGILL DT 04/30/2008