

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N03000004480

1. Entity Name  
ANTIOCH FELLOWSHIP BAPTIST CHURCH, INC.



Principal Place of Business  
8370 GALLUP RD  
SPRING HILL, FL 34608

Mailing Address  
8370 GALLUP RD  
SPRING HILL, FL 34608

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**



02052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
71-0906543

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNARY, LAVAUGHN E  
3412 FORELOCK RD  
TARPON SPRINGS, FL 34688

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
MCNARY, LA VAUGHN E  
3412 FORELOCK RD.  
TARPON SPRINGS, FL 34688

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREA  
JOHNSON, SYLVIA P  
12419 JOCELYN WAY  
SPRING HILL, FL 34609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
HAWKINS, GAIL M  
8370 GALLUP RD.  
SPRING HILL, FL 34608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000238310  
02/21/05-80092-024 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Sylvia Johnson (TREA)

2/17/2005 (352) 688-9459