

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90212 002 \*\*\*\*61.25

**60032899**



04112006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N04000006230</b> 1. Entity Name <b>ANTIOCH CHURCH INC.</b>					
Principal Place of Business <b>621- SURREY WAY SO. ST. PETERSBURG, FL 33705</b>			Mailing Address <b>621- SURREY WAY SO. ST. PETERSBURG, FL 33705</b>		
2. Principal Place of Business <b>4914-1<sup>st</sup> Avenue So.</b> Suite, Apt. #, etc.		3. Mailing Address <b>621-Surrey Way S.</b> Suite, Apt. #, etc.			
City & State <b>St Petersburg, FL</b> Zip <b>33711</b>		City & State <b>St Petersburg, FL</b> Zip <b>33705</b>		4. FEI Number <b>59-3511782</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HAWKINS, MICHAEL 621- SURREY WAY SO. ST. PETERSBURG, FL 33705</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 <u>Michael Hawkins</u> <u>Michael Hawkins</u> <u>4-24-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAWKINS, MICHAEL</b> <b>621- SURREY WAY SO.</b> <b>ST. PETERSBURG, FL 33705</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAWKINS, SANDRA</b> <b>621- SURREY WAY SO.</b> <b>ST. PETERSBURG, FL 33705</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, JANIE</b> <b>1730-41ST STREET SO</b> <b>ST. PETERSBURG, FL 33711</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Michael Hawkins</u> <u>Michael Hawkins</u> <u>4-24-06</u> <u>(727)866-3842</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					