


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000006230 1. Entity Name ANTIOCH CHURCH INC.	
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Principal Place of Business 4914-1ST AVE SO. SAINT PETERSBURG, FL 33711	Mailing Address 621- SURREY WAY SO. ST. PETERSBURG, FL 33705
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02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3511782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, MICHAEL
 621- SURREY WAY SO.
 ST. PETERSBURG, FL 33705

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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 _____ (NOTE Registered Agent signature required when resigning) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2007

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	D HAWKINS, MICHAEL 621- SURREY WAY SO. ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, SANDRA 621- SURREY WAY SO. ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JANIE 1730-41ST STREET SO ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Michael Hawkins Michael Hawkins 2-13-07 (727)866-3842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #