


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 17, 2006 8:00 am
Secretary of State

03-03-2006 90104 040 ****61.25

DOCUMENT # N05000012077			
1. Entity Name ANTIOCH BAPTIST CHURCH OF GAINESVILLE, INC.			
Principal Place of Business 3612 NW 177TH AVE. GAINESVILLE, FL 32609		Mailing Address 3612 NW 177TH AVE. GAINESVILLE, FL 32609	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS, DWIGHT 3612 NW 177TH AVE. GAINESVILLE, FL 32609		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when remaining)</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Registered Agent <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwight Thomas	NAME	
STREET ADDRESS	21825 NW 29 Terrace	STREET ADDRESS	
CITY-ST-ZIP	Brooker FL 32622	CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby Bush	NAME	
STREET ADDRESS	16120 N SR 121	STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32653	CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louise Hinton	NAME	
STREET ADDRESS	3301 NW 29 Ave	STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32605	CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dick Thomas	NAME	
STREET ADDRESS	2624 NW 156 Ave	STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32609	CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugh Colson	NAME	
STREET ADDRESS	24207 N SR 121	STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32609	CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lester Robinson	NAME	
STREET ADDRESS	122 NE 156 Ave	STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32609	CITY-ST-ZIP	
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>Dwight Thomas</u>		Date: <u>2/28/06</u> 352-315-7648	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66005731



02272006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-6560303 Applied For Not Applicable

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

ATTACHMENT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2006

ANTIOCH BAPTIST CHURCH OF GAINESVILLE, INC.
3612 NW 177TH AVE.
GAINESVILLE, FL 32609

Subject: ANTIOCH BAPTIST CHURCH OF GAINESVILLE, INC.

Reference Number:

NO5000012077

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION

ATTACHMENT

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The title of the officers and directors has been added on the form and a typed form with the same information is being submitted as well as an attachment.

Thank you.

ATTACHMENT

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#N050000/2077

Registered Agent/Trustee

Dwight Thomas
21825 NW 29th Terrace
Brooker FL 32622

Trustee
Bobby Bush
16120 N St Rd 121
Gainesville FL 32653

Trustee
Louise Hinton
3301 NW 29th Ave
Gainesville FL 32605

Trustee
Dick Thomas
2624 NW 156th Ave
Gainesville FL 32609

Trustee
Hugh Colson
24207 N St Rd 121
Alachua FL 32615

Trustee
Lester Robinson
122 NE 156th Ave
Gainesville FL 32609