

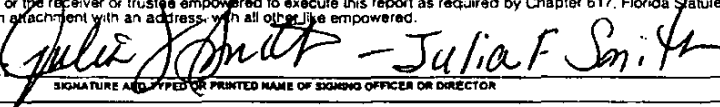


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2. **FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90035 024 \*\*\*\*61.25

<b>DOCUMENT # N06000007477</b>					
1. Entity Name <b>ANTIOCH DISCOVERY EMPOWERMENT SERVICES, INC.</b>					
Principal Place of Business 1919 SPRUCE AVENUE WEST PALM BEACH, FL 33407			Mailing Address 1919 SPRUCE AVENUE WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>43-2107177</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GREATER ANTIOCH MISSIONARY BAPTIST CHURCH, 1915 SPRUCE AVENUE WEST PALM BEACH, FL 33407</b>				7. Name and Address of New Registered Agent  Name <b>Emanuel James</b> Street Address (P.O. Box Number is Not Acceptable) <b>4610 Latona Avenue</b> City <b>West Palm Bch</b> FL <b>33407</b>	
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 remaining) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P CARROLL, BENJAMIN JR 33 ANN LEE LANE TAMARAC, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JULIA F 3021 EL CAMINO REAL WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, PATRICIA B 3015 AVENUE T RIVIERA BEACH, FL-33404	<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.			Zip code 33409		
SIGNATURE  - Julia F. Smith			1/17/07 (561) 832-0244		

66003060



01102007 Chg-NP CR2E037 (12/06)