2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006109

City-St-Zip:

ORLANDO, FL 32828

Entity Name: ANTIOCH 21 CHURCH, INC.

FILED Aug 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13603 GUILDHALL CIRCLE ORLANDO, FL 32828 **Current Mailing Address: New Mailing Address:** PO BOX 781473 13603 GUILDHALL CIRCLE ORLANDO, FL 32828 ORLANDO, FL 32878 FEI Number: 90-0408546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILKINS, WAYNE 13603 GÜILDHALL CIRCLE ORLANDO, FL 32828 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WILKINS, WAYNE Name: Name: Address: 13603 GUILDHALL CIRCLE Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: PEZZOLI, DAVID Name: Address: 13742 GUILDHALL CIRCLE Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: () Change () Addition STEWART, CRAIG Name: Name: 1527 PARK MANOR DR Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: CAPTON, GARRY Name: 14132 ORCHID TREE PL Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WAYNE WILKINS PD 08/31/2009