

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000065

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** ANTIOCH FREEWILL BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

301 W BERESFORD AVE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1431  
DELAND, FL 32721

**New Mailing Address:**

**FEI Number:** 27-4415310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCBRYDE, BURT L  
833 S. PARSONS AVENUE  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: MCBRYDE, BURT L  
Address: 833 S. PARSONS AVENUE  
City-St-Zip: DELAND, FL 32720

Title: D  
Name: ROSS, JIMMI R  
Address: 604 AMBROSE STREET  
City-St-Zip: DELAND, FL 32720

Title: D  
Name: WILLIAMSON, ROBERT  
Address: 526 W. NEW HAMPSHIRE AVENUE  
City-St-Zip: DELAND, FL 32720

Title: VP  
Name: MCBRYDE, MARIE  
Address: 833 S. PARSONS AVENUE  
City-St-Zip: DELAND, FL 32720

Title: D  
Name: WILLIAMSON, MARGARET  
Address: 1213 SOUTH ADELE AVENUE  
City-St-Zip: DELAND, FL 32720

Title: D  
Name: AKINS, ROSE  
Address: 721 S. PARSONS AVENUE  
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: BURT L. MCBRYDE

P

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date