FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N14373

ANTIOCH MISSIONARY BAPTIST CHURCH OF LIBERTY CIT Y. INC.

1							
Principal Plac	ce of Business	Mailing Address					
1899 NW 64 STREET		Y. INC.			2 Data language de la Our PE d		
MIAMI FL 33147-7433		1899 NW 64 STREET			3. Date Incorporated or Qualified		
1		MIAMI FL 33147			04/15/1986 4. FEI Number Applied		
		US			7,451.00		
2. Principal I	Place of Business	2a. Mailing Address			65-0141980 Not App		
21		26			5. Certificate of Status Desired S8.75 Additite Fee Require		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees		
City & State		City & State	City & State		7. Is this nonprofit corporation a homeowners association?	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
Zip	Country	Zip	Cou	ntrv	8. This corporation owes or has pald the current year Intangib		
24	25	29	30		Personal Property Tax due June 30. Yes No	10	
1	9. Name and Address of Curre	1=-1	1001		10. Name and Address of New Registered Agent		
				81 Name			
	RS, HATHE L		82 Street Addre		Address (P.O. Box Number is Not Acceptable)		
	W. 31ST CT. E 33147		-	83			
IND/GVII I	L 33 147						
				84 City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the ab	ove-named	corporation submits this statement for the purpose of changing its regi- poration's board of directors. I hereby accept the appointment as regist	stered	
agent. I a	am/amiliar with, and accept the oblig	gations of, Section 617.0503, F	lorida Statı	ites.	ioration's board or directors. Thereby accept the appointment as regist	ered	
SIGNATURE	90 //a // - 0 // - 1 a	nn)			1/04/98		
		*****		Agent signature	required when reinstating) DATE		
12.		ID DIRECTORS	13.	[ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	DCP	☐ DELETE	1.1 TIT		☐ Change ☐ /	Addition	
NAME	ADAMS, RICHARD H		1,2 NA				
STREET ADORESS	2511 NW 152 TERRACE		1,3 STF	REET ADDRESS			
CITY-ST-ZIP	OPA-LOCKA FL			Y-ST-ZIP			
TITLE	DV	☐ DELETE	2.1 TIT	Œ	☐ Change ☐ A	Addition	
NAME	LECOUNT, HERBERT		2.2 NAI	VIE			
STREET ADDRESS	8435 NW 35 COURT		2.3 STF	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 Cf	Y-ST-ZIP			
TITLE	D	DELETE	3.1 TIT	LE	L Change A	Addition	
NAME	POSEY, K.T.		3.2 NA	ME			
STREET ADDRESS	2465 N.W. 88 ST.		3.3 STF	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CIT	Y-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITI	.E	☐ Change ☐ A	Addition	
NAME	Waters, Johny O.		4. 2 NA	ME			
STREET ADDRESS	3021 N.W. 67 ST.		4.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL		4,4 CIT	Y-ST-ZIP			
TITLE	D	DELETE	5.1 TITL	.E	Change A	Addition	
NAME	GREEN, CHARLES		5.2 NAM	AE .			
STREET ADDRESS	3100 NW 66 ST		5.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL		5.4 CM	Y-ST-ZIP			
TITLE	ÐМ	DELETE	6.1 TITL		Change A	\ddition	
NAME	PENN, GLADYS		6.2 NAN	ΛE [
STREET ADDRESS	260 NW 82 TERR		6.3 STR	EET ADDRESS			

CITY-ST-ZIP MIAMI FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

0/04/98

FILED

Jan 21 1998 8:00am

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Secretary of State