

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

0031687

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

02-24-1999 90004 041 ****70.00

DOCUMENT # N14373

1. Corporation Name ANTIOCH MISSIONARY BAPTIST CHURCH OF LIBERTY CITY, INC.

Principal Place of Business: 1899 NW 64 STREET MIAMI FL 33147-7433; Mailing Address: Y. INC. 1899 NW 64 STREET MIAMI FL 33147 US



2. Principal Place of Business; 2a. Mailing Address; 3. Date Incorporated or Qualified 04/15/1986; 4. FEI Number 65-0141980; 5. Certificate of Status Desired X \$8.75 Additional Fee Required; 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: SANDERS, HATHE L 8410 N.W. 31ST CT. MIAMI FL 33147; 10. Name and Address of New Registered Agent: 81 Name GLADYS PENN; 82 Street Address 260 NW 82 TERR; 84 City MIAMI FL; 85 Zip Code 33150-2955

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

12. OFFICERS AND DIRECTORS; 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes details for ADAMS, RICHARD H; LECOUNT, HERBERT; POSEY, K.T.; WATERS, JOHNY O.; GREEN, CHARLES; PENN, GLADYS.

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, with all other like empowered.

SIGNATURE: Gladys Penn, Registered agent; SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR; 1/10/99 (305) 691-1661; DATE; Daytime Phone #

CR2E037 (11/98)