


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90030 006 \*\*\*\*61.25

<b>DOCUMENT # N14373</b> 1. Entity Name <b>ANTIOCH MISSIONARY BAPTIST CHURCH OF LIBERTY CITY, INC.</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0141980</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PENN, GLADYS 260 NW 82 TERR MIAMI, FL 33150-2955			Name <b>TAMARA J Gray</b> Street Address (P.O. Box Number is Not Acceptable) <b>7320 N Augusta Drive</b> City <b>Hialeah</b> FL <b>33015</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 <i>Tamara Gray, Esquire</i> <span style="float: right;">Feb 25, 2004</span> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	DCP	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, RICHARD H		NAME	ADAMS Richard	
STREET ADDRESS	2511 NW 152 TERRACE		STREET ADDRESS	2511 NW 152 TERRACE	
CITY-ST-ZIP	OPA-LOCKA, FL 33054		CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECOUNT, HERBERT		NAME	LECOUNT HERBERT	
STREET ADDRESS	8935 NW 35TH COURT		STREET ADDRESS	8935 NW 35CT	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIAMI FL 33147 MIAMI FL 33147	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		
NAME	FLOYD, LONNIE		NAME		
STREET ADDRESS	3120 NW 98 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	WATERS, JOHNY O.		NAME		
STREET ADDRESS	3021 N.W. 67 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	DM	<input type="checkbox"/> Delete	TITLE		
NAME	PENN, GLADYS		NAME		
STREET ADDRESS	260 NW 82 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33150		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	LECOUNT MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECOUNT, MARY		NAME	LECOUNT MARY	
STREET ADDRESS	8935 NW 35TH CT		STREET ADDRESS	8935 NW 35CT	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIAMI FL 33147	
12. 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 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.					
SIGNATURE: <i>Herbert LeCount</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	