


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

04-07-2005 90033 004 ****61.25

DOCUMENT # N14373			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0141980		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAY, TAMARA I 7320 N AUGUSTA DR. HIALEAH, FL 33015		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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			
TITLE	DV	<input type="checkbox"/> Delete	
NAME	ADAMS, RICHARD H		
STREET ADDRESS	2511 NW 152 TERRACE		
CITY-ST-ZIP	OPA-LOCKA, FL 33064		
TITLE	DCP	<input type="checkbox"/> Delete	
NAME	LECOUNTE, HERBERT		
STREET ADDRESS	8935 NW 35TH COURT		
CITY-ST-ZIP	MIAMI, FL 33147		
TITLE	DT	<input type="checkbox"/> Delete	
NAME	FLOYD, LONNIE		
STREET ADDRESS	3120 NW 98 STREET		
CITY-ST-ZIP	MIAMI, FL 33147		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WATERS, JOHNY O.		
STREET ADDRESS	3021 N.W. 67 ST.		
CITY-ST-ZIP	MIAMI, FL 33147		
TITLE	DM	<input type="checkbox"/> Delete	
NAME	PENN, GLADYS		
STREET ADDRESS	260 NW 62 TERR		
CITY-ST-ZIP	MIAMI, FL 33150		
TITLE	DS	<input type="checkbox"/> Delete	
NAME	LECOUNTE, MARY		
STREET ADDRESS	8935 NW 35TH CT		
CITY-ST-ZIP	MIAMI, FL 33147		
		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		LeCounte, Mary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		<i>[Signature]</i>	
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 LeCounte</i>		Date: 4/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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