

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2006
Secretary of State**

DOCUMENT# N14373

Entity Name: ANTIOCH MISSIONARY BAPTIST CHURCH OF LIBERTY CITY, INC.

Current Principal Place of Business:

1899 NW 64 STREET
MIAMI, FL 331477433

New Principal Place of Business:

Current Mailing Address:

Y, INC.
1899 NW 64 STREET
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 65-0141980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, TAMARA I
7320 N AUGUSTA DR.
HIALEAH, FL 33015 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: DV () Delete
Name: ADAMS, RICHARD H
Address: 2511 NW 152 TERRACE
City-St-Zip: OPA-LOCKA, FL 33054

Title: DCP () Delete
Name: LECOUNTE, HERBERT
Address: 8935 NW 35TH COURT
City-St-Zip: MIAMI, FL 33147

Title: DT () Delete
Name: FLOYD, LONNIE
Address: 3120 NW 98 STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: WATERS, JOHNY O.,
Address: 3021 N.W. 67 ST.
City-St-Zip: MIAMI, FL 33147

Title: DM () Delete
Name: PENN, GLADYS
Address: 260 NW 82 TERR
City-St-Zip: MIAMI, FL 33150

Title: DS () Delete
Name: LECOUNTE, MARY
Address: 8935 NW 35TH CT
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY LECOUNTE

DS

04/23/2006

Electronic Signature of Signing Officer or Director

Date