

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
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:**

1899 NW 64 STREET  
MIAMI, FL 331477433

**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:

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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

04/14/2009

Electronic Signature of Signing Officer or Director

Date