


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90060 012 \*\*\*\*61.25

<b>DOCUMENT # N45029</b>	
1. Entity Name <b>ANTIOCH FAITH FELLOWSHIP, INC.</b>	

Principal Place of Business <b>220 EAST COLLINS STREET, #1B UMATILLA FL 32784</b>	Mailing Address <b>220 EAST COLLINS STREET, #1B UMATILLA FL 32784</b>
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2. Principal Place of Business - No P.O. Box # <b>822 S. Bay ST.</b>	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State <b>Eustis FL</b>	City & State
Zip <b>32726</b>	Country <b>La Ke</b>

4. FEI Number <b>59-3079533</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GONZALES, RACHEL 220 EAST COLLINS STREET, #1B UMATILLA FL 32784</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 Rachel Gonzales Senior Pastor President Director & Treasurer 4-21-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GONZALES, LEONARDO JR 220 EAST COLLINS STREET, #1B UMATILLA FL 32784 <b>Deceased</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSVD GONZALES, RACHEL 220 EAST COLLINS STREET, #1B UMATILLA FL 32784 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, WILMER ALLEN 3244 S.R. 46 MT. DORA FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O THURSTON, DENNIS 13430 PALM DRIVE ASTATULA FL 34705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O TIJERINA, NICOLAS 30935 SWAN ROAD SORRENTO FL 32776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT Gonzales, Rachel 220 E. Collins St. #1B Umatilla FL 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Cooper, Wilmer Allen 3244 S.R. 46 MT. Dora FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SOD Cooper, Deborah 3244 S.R. 46 MT. Dora FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Rachel Gonzales Rachel Gonzales 4-21-07 321-443-1214(C)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #