


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

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

Principal Place of Business <b>822 S. BAY ST EUSTIS FL 32726</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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

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	
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 registering)</small>	

<b>FILE NOW: FEE IS: \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>GONZALES, RACHEL</b>
STREET ADDRESS	<b>220 EAST COLLINS STREET, #1B</b>
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>COOPER, WILMER ALLEN</b>
STREET ADDRESS	<b>3244 S.R. 46</b>
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>THURSTON, DENNIS</b>
STREET ADDRESS	<b>13430 PALM DRIVE</b>
CITY-ST-ZIP	<b>ASTATULA FL 34705</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>TIJERINA, NICOLAS</b>
STREET ADDRESS	<b>30935 SWAN ROAD</b>
CITY-ST-ZIP	<b>SORRENTO FL 32776</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>COOPER, DEBORAH</b>
STREET ADDRESS	<b>2455 S.R. 46</b>
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>U00000829768</b>
CITY-ST-ZIP	<b>02/26/08-80053-020 61.25</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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** 2-13-08 321-443-1214