


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000000189	
1. Entity Name ANTIOCH CHRISTIAN FELLOWSHIP BAPTIST CHURCH, INC.	

Principal Place of Business P.O. BOX 124 TITUSVILLE, FL 32781	Mailing Address 3605 HOPKINS AVE. TITUSVILLE, FL 32780
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3052322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, LEROY G 3605 S. HOPKINS AVE. TITUSVILLE, FL 32780

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when renewing)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000783507 01/16/08-80018-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT SMITH, LEROY 814 SYCAMORE ST. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT BECKLES, ROLAND 5521 OAK HOLLOW DR. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BECKLES, GINA WILSON 5521 OAK HOLLOW DR. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Leroy G. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>01/06/08</u> <small>Date</small>	<u>321-267-3433</u> <small>Daytime Phone #</small>
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