

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # N94000005547 (4)

1. Corporation Name

ANTIOCH MISSIONARY BAPTIST CHURCH OF OVIEDO, FLO RIDA, INCORPORATED



Principal Place of Business

Mailing Address

1016 VERNON LOOP
OVIEDO FL 32765

1016 VERNON LOOP
OVIEDO FL 32765

3. Date Incorporated or Qualified
11/08/1994

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2756395

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, GEORGE A
1016 VERNON LOOP
OVIEDO FL 32765**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MOORE, WILLIAM	
STREET ADDRESS	816 E BROADWAY ST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, JOHN	
STREET ADDRESS	733 ACADEMY PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAPP, CLARENCE	
STREET ADDRESS	213 REED AVENUE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOSSIE, DAVID	
STREET ADDRESS	79 BOSTON AVENUE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, JOHNNIE	
STREET ADDRESS	453 AULIN AVENUE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATWATER, STEWART JR	
STREET ADDRESS	1047 SUGARBERRY TRAIL	
CITY-ST-ZIP	OVIEDO FL 32765	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William A. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-96
Date

407-3495830
Daytime Phone #

CR2E037 (12/95)