

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90008 018 ****75.00

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1. Entity Name

ANTIOCH, CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business
1320 CAROLINA AVE
AVON PARK, FL 33825

Mailing Address
215 W 6TH ST
AVON PARK, FL 33825 US

44049459



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-0618897

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MCRAE, JOHNNIE B
215 W 6 STREET
AVON PARK, FL 33825

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25

Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCRAE, JOHNNIE B ELDER
STREET ADDRESS 215 W 6TH STREET
CITY-ST-ZIP AVON PARK, FL 33825 ☐ Delete

TITLE D
NAME OLIVER, ROBERT
STREET ADDRESS 1444 ALABAMA AVE
CITY-ST-ZIP AVON PARK, FL 33825 ☐ Delete

TITLE D
NAME COLLINS, ELMO
STREET ADDRESS 1405 S CAROLINA AVE
CITY-ST-ZIP AVON PARK, FL 33825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PASTOR
NAME Johnnie B McRae
STREET ADDRESS 215 W 6TH ST Avon Park FL 33825
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Johnnie B McRae
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-04

Date

Daytime Phone #