

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N97000002459

1. Entity Name

NEW ANTIOCH MISSIONARY BAPTIST CHURCH, INC.



FILED

04 OCT -8 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

215 CHURCH ST.
LOUGHMAN FL 33858

Mailing Address

PO BOX 822
LOUGHMAN FL 33858

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

STEPHENS, JOSEPH B
215 CHURCH ST
LOUGHMAN FL 33858

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME STEPHENS, JOSEPH B
STREET ADDRESS 3704 WHITE DOVE DR
CITY-ST-ZIP LAKELAND FL 33813

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME GASTON, CAROLYN
STREET ADDRESS 338 CHURCH ST
CITY-ST-ZIP LOUGHMAN FL 33858

☐ Delete

TITLE S
NAME GASTON, CAROLYN
STREET ADDRESS 338 CHURCH ST
CITY-ST-ZIP LOUGHMAN, FL 33858

☒ Change

☐ Addition

TITLE D
NAME MADDOX, REGINALD
STREET ADDRESS 229 GRASS ST
CITY-ST-ZIP LOUGHMAN FL 33858

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T/D
NAME RATLIFF, GUSSIE
STREET ADDRESS 6804 HWY 17-92
CITY-ST-ZIP LOUGHMAN FL 33858

☐ Delete

TITLE T/D
NAME RATLIFF, Gussie
STREET ADDRESS 6804 Hwy 17-92
CITY-ST-ZIP LOUGHMAN, FL 33858

☒ Change

☐ Addition

TITLE D
NAME SMITH, LEROY
STREET ADDRESS 4440 SW ARCHER RD #125
CITY-ST-ZIP GAINESVILLE FL 32608

☒ Delete

TITLE VP
NAME GRIFFIN, LORENZA
STREET ADDRESS 6812 LORENZA LN
CITY-ST-ZIP LOUGHMAN, FL 33858

☒ Change

☐ Addition

TITLE VP
NAME GRIFFIN, LORENZA
STREET ADDRESS 6812 LORENZA LN
CITY-ST-ZIP LOUGHMAN FL 33858

☐ Delete

TITLE D
NAME JOHNSON, ELIJAH
STREET ADDRESS
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: Reginald Maddox - REGINALD MADDOX 2/8/04 863-409-1820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #