

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # N97000002459

1. Entity Name  
NEW ANTIOCH MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

215 CHURCH ST.  
LOUGHMAN, FL 33858

Mailing Address

PO BOX 822  
LOUGHMAN, FL 33858



03302005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, JOSEPH B  
215 CHURCH ST  
LOUGHMAN, FL 33858

DO NOT WRITE  
IN THIS SPACE

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

*Joseph B. Stephens*

(NOTE: Registered Agent signature required when reissuing)

5/8/05

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE V  
NAME GRIFFIN, LORENZA  
STREET ADDRESS 6812 LORENZA LANE  
CITY-ST-ZIP LOUGHMAN, FL 33858

TITLE D  
NAME JOHNSON, ELIJAH  
STREET ADDRESS 6812 LORENZA LN  
CITY-ST-ZIP LOUGHMAN, FL 33858

U00000365941  
05/11/05-80023-006 61.25

U00000365941  
05/11/05-80023-007 8.75

DO NOT WRITE  
IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2005

DATE

863-409-1826

DAYTIME PHONE #