


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90183 038 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N97000002459</b>   |   |   |  |  |  |
| 1. Entity Name<br><b>NEW ANTIOCH MISSIONARY BAPTIST CHURCH, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br>221 CHURCH ST<br>LOUGHMAN, FL 33858   |   |   | Mailing Address<br>PO BOX 822<br>LOUGHMAN, FL 33858  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |  |
| City & State   |   |   | City & State   |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><b>STEPHENS, JOSEPH B<br/>215 CHURCH ST<br/>LOUGHMAN, FL 33858</b>  |   |   |  | 7. Name and Address of New Registered Agent                                       |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>STEPHENS, JOSEPH B<br>3704 WHITEDOVE DR<br>LAKELAND, FL 33813 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>STEPHENS, KATRINA<br>3704 WHITECOVE DR<br>LAKELAND, FL 33813 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>MADDOX, REGINALD<br>229 GRASS ST<br>LOUGHMAN, FL 33858 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | V<br>MADDOX, REGINALD SR.<br>229 GRASS ST<br>LOUGHMAN, FL 33858 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>RATLIFF, GUSSIE<br>6804 HWY 17-92<br>LOUGHMAN, FL 33858 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GRIFFIN, LORENZA<br>6812 LORENZA LANE<br>LOUGHMAN, FL 33858 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>RATLIFT, DWAYNE<br>306 SUMMERFIELD DR<br>WINTER HAVEN, FL <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>RATLIFT, DWAYNE<br>306 SUMMERFIELD DR<br>WINTER HAVEN, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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>Reginald Maddox Sr.</u> <u>04-27/08 (863) 424-6313</u>   |   |   |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |   |  |

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