

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90167 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003376

1. Corporation Name

ANTIOCH WORSHIP CENTRE, INC.

Principal Place of Business
1015 GLEN SPRINGS AVENUE
WINTER GARDEN FL 34787

Mailing Address
1015 GLEN SPRINGS AVENUE
WINTER GARDEN FL 34787



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 608 W. Oakland Ave. Suite, Apt. #, etc.		26 P.O. Box 751 Suite, Apt. #, etc.		06/09/1997	
22 City & State		27 City & State		4. FEI Number	
23 Oakland, FL		28 Oakland, FL		59-3451478	
24 34750 25 Country		29 34760 30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BRALAND, DAVID D
1015 GLEN SPRINGS AVENUE
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	608 W. Oakland Ave.
83	
84 City	Oakland
85 Zip Code	FL 34760

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

David D. Braland

4-15-99

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALAND, DAVID D	1.2 NAME	Darryl Braland
STREET ADDRESS	1015 GLEN SPRINGS AVENUE	1.3 STREET ADDRESS	550 S. Bluford Ave.
CITY-ST-ZIP	WINTER GARDEN FL 34787	1.4 CITY-ST-ZIP	Ocoee, FL 34787
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALAND, JUDY	2.2 NAME	Wendell Clark
STREET ADDRESS	1015 GLEN SPRINGS AVENUE	2.3 STREET ADDRESS	10187 Clarcona-Ocoee Rd.
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOMMARCHI, DAVID	3.2 NAME	
STREET ADDRESS	1390 SPRING RIDGE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOMMARCHI, NANCY	4.2 NAME	Jim Watson
STREET ADDRESS	1390 SPRING RIDGE CIR	4.3 STREET ADDRESS	16833 Alpha Ave.
CITY-ST-ZIP	WINTER GARDEN FL 34787	4.4 CITY-ST-ZIP	Montverde, FL 34756
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Antommarchi

4-15-99

407-656-4276

Date

Daytime Phone #

CR2E037 (11/98)