


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90026 011 \*\*\*\*61.25

**DOCUMENT # N98000005295**

1. Entity Name  
**ANTIOCH MISSIONARY BAPTIST CHURCH OF QUINCY, FLORIDA, INC.**



Principal Place of Business  
**1003 WEST CLARK STREET  
 QUINCY, FL 32351**

Mailing Address  
**1003 WEST CLARK STREET  
 QUINCY, FL 32351**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03092004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2857560**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, BLANCHE**  
**909 WEST CLARK STREET**  
**QUINCY, FL 32351**

*1018 Laura St*

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 *Blanche Jones* DATE *4/4/04*

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PONDER, BETTYE</b>	
STREET ADDRESS	<b>717 7TH STREET</b>	
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>FORD, IRENE</b>	
STREET ADDRESS	<b>508 WILLIAMS ST</b>	
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GORDON, JOHNNY</b>	
STREET ADDRESS	<b>1512 LIVE OAK ST</b>	
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Blanche Jones* DATE *4/4/04* DAYTIME PHONE # *627-7007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #