

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064586

FILED
Apr 02, 2009
Secretary of State

Entity Name: ANTIOCH ENSEMBLE & HYMNING COMPANY

Current Principal Place of Business:

970 MOONLIGHT LANE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

970 MOONLIGHT LANE
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 20-2842488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATLIN, C ELMON
620 TWIGGS STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GATLIN, C ELMON
6920 WEST LINEBAUGH AVENUE, #101
TAMPA, FL 33625 US

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.

SIGNATURE:

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GATLIN, C ELMON
Address: 620 TWIGGS STREET
City-St-Zip: TAMPA, FL 33602

Title: VTD () Delete
Name: QUIGLEY, W LARRY
Address: 970 MOONLIGHT LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: SD () Delete
Name: BARKER, RICKY C
Address: 37701 PRIMO DR
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GATLIN, C ELMON
Address: 6920 WEST LINEBAUGH AVENUE, #101
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BARKER, RICKY C
Address: P. O. BOX 1784
City-St-Zip: DADE CITY, FL 33526

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. LARRY QUIGLEY

VP

04/02/2009

Electronic Signature of Signing Officer or Director

Date