SIGNATURE: JAMES LENO

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700930

Entity Name: ANTIOCH MISSIONARY BAPTIST CHURCH OF BROWNSVILLE - MIAMI, FLORIDA, INCORPORATED

Current Principal Place of Business:

2799 NORTHWEST 46TH STREET MIAMI, FL 33142

Current Mailing Address:

ANTIOCH M.B. CHURCH P.O. BOX 471016 MIAMI, FL 33247

FEI Number: 74-2894755

Name and Address of Current Registered Agent:

LENO, CALVIN SR. 1681 NW 195TH STREET MIAMI, FL 33169 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

OmcenDire	ctor Detail :		
Title	PRESIDENT	Title	VP
Name	TANKS, THOMAS	Name	LENO, CALVIN DAVID SR.
Address	2799 NW 46TH STREET	Address	2799 NW 46TH STREET
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142
Title	D	Title	D
Name	WALDEN, ANDY	Name	LOVETT, LARRIE M II
Address	2799 NW 46 STREET	Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142
Title	TREASURER	Title	D
Name	MARTIN, CAROLYN	Name	LENO, JAMES ARTHUR
Address	2110 NW 81ST TERR.	Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI FL 33142
Title	D	Title	SECRETARY
Name	ROUSE, FELPH	Name	THURSTON, MONICA
Address	2799 NW 46 STREET	Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142
			-

I hereby 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 617, Florida Statutes; and that my name appears

Continues on page 2

DIRECTOR

05/17/2017

FILED May 17, 2017 Secretary of State CC8812320565

Certificate of Status Desired: No

Date

Date

Officer/Director Detail Continued :

Title	D	Title	D
Name	JACKSON, MACK	Name	ASHLEY, CECIL
Address	2799 NW 46 STREET	Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142

Title	D
Name	WRIGHT, MCKINLEY
Address	2799 NW 46 STREET
City-State-Zip:	MIAMI FL 33142