

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700930

**FILED**  
**May 17, 2017**  
**Secretary of State**  
**CC8812320565**

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TANKS, THOMAS  
Address        2799 NW 46TH STREET  
City-State-Zip: MIAMI FL 33142

Title            VP  
Name            LENO, CALVIN DAVID SR.  
Address        2799 NW 46TH STREET  
City-State-Zip: MIAMI FL 33142

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

Title            D  
Name            LOVETT, LARRIE M II  
Address        2799 NW 46 STREET  
City-State-Zip: MIAMI FL 33142

Title            TREASURER  
Name            MARTIN, CAROLYN  
Address        2110 NW 81ST TERR.  
City-State-Zip: MIAMI FL 33147

Title            D  
Name            LENO, JAMES ARTHUR  
Address        2799 NW 46 STREET  
City-State-Zip: MIAMI FL 33142

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

Title            SECRETARY  
Name            THURSTON, MONICA  
Address        2799 NW 46 STREET  
City-State-Zip: MIAMI FL 33142

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

**SIGNATURE: JAMES LENO**

**DIRECTOR**

**05/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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