

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004480

Entity Name: ANTIOCH FELLOWSHIP BAPTIST CHURCH, INC.**Current Principal Place of Business:**9429 SANTORO STREET
SPRING HILL, FL 34608**Current Mailing Address:**9429 SANTORO STREET
SPRING HILL, FL 34608 US**FEI Number:** 71-0906543**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCNARY, LAVAUGHN E
9429 SANTORO STREET
SPRING HILL, FL 34608 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	PASTOR
Name	MCNARY, LA VAUGHN E
Address	9429 SANTORO STREET
City-State-Zip:	SPRING HILL FL 34608

Title	TREA
Name	COLLINS, VERONICA D
Address	9429 SANTORO STREET
City-State-Zip:	SPRING HILL FL 34608

Title	SEC
Name	GRICE, HELEN D
Address	9429 SANTORO STREET
City-State-Zip:	SPRING HILL FL 34607

Title	CHAIRMEN OF TRUSTEE'S
Name	LANGFORD, GILBERT
Address	9429 SANTORO ST
City-State-Zip:	SPRING HILL FL 34608

Title	TRUSTEE
Name	KIRK , GIBSON
Address	9429 SANTORO STREET
City-State-Zip:	SPRING HILL FL 34608

Title	TRUSTEE
Name	BRADFORD, DAVID
Address	9429 SANTORO STREET
City-State-Zip:	SPRING HILL FL 34608

Title	TRUSTEE
Name	GENTRY, LATERA
Address	9429 SANTORO STREET
City-State-Zip:	SPRING HILL FL 34608

Title	TRUSTEE
Name	WOODSON, GEORGE
Address	9429 SANTORO STREET
City-State-Zip:	SPRING HILL FL 34608

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: HELEN GRICE**SECRETARY****03/10/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date