

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001549

**Entity Name:** ANTIOCH CHRISTIAN CENTER INTERNATIONAL, INC.**Current Principal Place of Business:**4600 W.COMMERCIAL BLVD  
#7  
TAMARAC, FL 33319**Current Mailing Address:**5540 NW 49TH WAY  
#7  
COCONUT CREEK , FL 33073 US**FEI Number: 86-1164158****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JONES, JOHN  
5540 NW 49TH WAY  
COCONUT CREEK, FL 33073 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	JONES, JOHN E
Address	5540 NW 49TH WAY
City-State-Zip:	COCONUT CREEK FL 33073

Title	SECRETARY
Name	MCCLARY, RUBY 1604 NW
Address	1604 NW 15TH CT
City-State-Zip:	FT LAUDERDALE FL 33311

Title	VPRESIDENT
Name	JONES, NAOMI E PASTOR
Address	5540 NW 49TH WAY
City-State-Zip:	COCONUT CREEK FL 33073
Title	EXECUTIVE SECRETARY
Name	MOULTRY, JANICE EXECUTIVE SECRETARY
Address	4600 W.COMMERCIAL BLVD #7
City-State-Zip:	TAMARAC FL 33319

*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: JOHN E JONES****PRESIDENT****02/09/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date