2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 08:00 A
Secretary of State

DOCUMENT # 737970

1. Entity Name
NEW MACEDONIA MISSIONARY BAPTIST CHURCH OF PAHOKEE, INC.

Principal Place of Business	Mailing Address
502 BOONE AVENUE PAHOKEE, FL 33476	502 BOONE AVENUE PAHOKEE, FL 33476

DO NOT WRITE IN THIS SPACE

05142007 . No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2495759
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRETT, JOHN H
248 BANYAN AVE
PAHOKEE, FL 33476

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KENNEDY, BOBBY GENE
STREET ADDRESS	1596 BOONE AVENUE
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	DFS
NAME	HENLEY, ALTORIA
STREET ADDRESS	533 PAHOKEE CIR / PO BOX 367
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	TD
NAME	BROWN, JEANIE
STREET ADDRESS	P O BOX 419
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/01/07-80010-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Bobby G. Kennedy 5/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #