2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# 737970

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

Current Principal Place of Business:

502 BOONE AVENUE
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

502 BOONE AVENUE
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 59-2495759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARRETT, JOHN H
248 BANYAN AVE
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KENNEDY, BOBBY GENE,
Address: 1596 BOONE AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: DFS ( ) Delete
Name: HENLEY, ALTORIA
Address: 533 PAHOKEE CIR / PO BOX 367
City-St-Zip: PAHOKEE, FL 33476

Title: TD ( ) Delete
Name: BROWN, JEANIE
Address: P O BOX 419
City-St-Zip: PAHOKEE, FL 33476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DFS (X) Change ( ) Addition
Name: HENLEY, ALTORIA
Address: PO BOX 367
City-St-Zip: PAHOKEE, FL 33476

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALTORIA WELLS HENLEY MRS. 08/29/2008

Electronic Signature of Signing Officer or Director — Date