FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997

72

.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

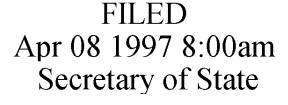
DOCUMENT #

(9)

GREATER MACEDONIA BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address





1880 WEST EDGEWOOD AVENUE JACKSONVILLE FL \$2208				1880 WEST EDGEWOOD AVENUE JACKSONVILLE FL 32208-3021						
							3. Date Incorporated or Qualified 09/18/1987	3a. Date of 03/1	Last R 1/199	
2. Principal F	Place of Busin	1088	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For
21			26	26			59-2391394			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Confficient of Control Desired	N/ \$1	3.75	Additional
22			27	27			5. Certificate of Status Desired	X №	Fee Re	quired
City & Stat	te		City & State	City & State			6. Election Campaign Financing	\$	5.00	May Be
23			28	28			Trust Fund Contribution			
Zip	Country Z _I p			Co	Country		8. This corporation has liability for i	ntangible tax u	ınder s	199.032.
24		25	29				Florida Statutes 🔲 Yes 💢 No			
	and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agen				t		
					81	Name	•			
WILLIAMS, LANDON L.,SR.					82	82 Street Address (P.O. Box Number Is Not Acceptable)				
1880 W EDGEWOOD AVENUE					Street Address (F.O. Box Number is Not Acceptable)					
	NYLLE FL				83					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
					84	City		FL 85	Zip (Code
11. Pursuant	to the provisi	ons of Sections 617.0	502 and 617.1508, Florida Stati	utes, the a	above	-named c	orporation submits this statement for the poration's board of directors. I hereby accep	urpose of char	<u>l</u> naina it	s registered
office or r	registered ag ım familiar wi	ont, or both, in the Sta th, and accept the obt	ite of Florida. Such change was igations of, Section 617.0503, F	authorize Iorida Sta	ed by atutes	the corpo	pration's board of directors. I hereby accep	t the appointm	ent as	registored
SIGNATURE										
SIGNATURE	Signature, typed	or printed name of registered a	agent and title if applicable. (NC	OTE: Register	ed Ager	nt signaturo re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS 13						ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTÓR	S IN 12
TITLE	PD		DELETE	DELETE 1.1 TO					hange	☐ Addition
NAME	WILLIAMS	S, LANDON L.,SR.		1.2 N						Į.
STREET ADDRESS	3960 HAI	rbor view dr.		1.3 STR		ADDRESS				
CITY-ST-ZIP	JACKSON	VVILLE FL		1.4 CI		1-71P				
TITLE	VD		DELETE	DELETE 2.1 TIT					hange	Addition
NAME	BROWN,	LEROY		22 NA					•	
STREET ADDRESS		DANIEL DR.		23 57		ADDRESS				İ
CITY-ST-ZIP	JACKSON			2.40						ļ
TITLE	TD		DELETE			1 21		Пс	hange	Addition
NAME		A, EDGAR		3.2 NA				۰ ـــ		
STREET ADDRESS		NES WAY DR. W.				ADDRESS				ļ
CITY-ST-ZIP	JACKSON			3.4. CIT						ľ
TITLE	S DELETE				4.1 TITLE			—	hange	Addition
NAME	_	. LOUVENIA			NAME				. an igo	ricultum
STREET ADDRESS		3RD STREET CIRC	IE			ADDRESS				
CITY-ST-ZIP	JACKSON		hr.							
TITLE	nüölvaol	IVILLE I L	☐ DELETE	5.1 T	CITY-ST	- ZIP		- I i	hange	Addition
NAME				5.1 I		-		□ 0	เเลเมีย	LLJ AGGILION
STREET ADDRESS						IDDOES				•
						ADDRESS				
CITY+ST-ZIP TITLE			DELETE		CITY-ST	- ZIP				
			□ Dettie	6.1 T				∐ C	hange	Addition
NAME				6.2 N						
STREET ADDRESS				6.3 S	TREE1 #	ADDRESS				
City-st-zip		Al - 1-4 - 0 - 0	4 (4) 22 3 (4)	6.4 C	HTY-ST	- ZIP				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, of on an allachment with an address.