FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22579

1. Corporation Name

GREATER MACEDONIA BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1880 WEST EDGEWOOD AVENUE JACKSONVILLE FL 32208

1880 WEST EDGEWOOD AVENUE

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90010 013 ****70.00

7 3 5 8 9 * 73589 - 90010 - 13

9. Name and Address of Current Registered Agent WILLIAMS, LANDON L.,SR. 1880 W EDGEWOOD AVENUE JACKSONVILLE FL 32208 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent	JACKSONVILLE FL 32208 JACKSONVILLE FL 32208			# 1001/184 \$20 11010 11881 81211 1860 1012 8281 8281 				
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc.		lace of Business						
City & State		#. etc.					Ap	plied For
City & State City & State City & City		.,, 0.0.	⊢ ''''			59-2391394	No	ot Applicable
Zip Country Zip Country Zip Country S.5.00 Nay Re Added to Fiess Past Fund Contribution Past Fund Contribution Added to Fiess Past Fund Contribution P	City & Stat	е	City & State			5. Certifcate of Status Desired		
25 25 20 30 Trust Fund Contribution Added to Fiesa		Country		Country		6. Election Campaign Financing	\$5.00	May Be
Name and Address of Current Registered Agent St Name Street Address (P.O. Box Number is Not Acceptable)	24	25	29 3	0		- 11		
WILLIAMS, LANDON L.SR. 1880 W EDGEWOOD AVENUE JACKSONVILLE FL 32208 84		9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
1880 W EDGEWOOD AVENUE JACKSONVILLE FL 32208 88 84 City FL 85 Zip Code 17. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the registered statutes. SIGNATURE Signature, typed or provided intered or equivarial agent and the registered registered agent				81	Name			
1880 W EDGEWOOD AVENUE JACKSONVILLE FL 32208 88 84 City FL 85 Zip Code 17. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the registered statutes. SIGNATURE Signature, typed or provided intered or equivarial agent and the registered registered agent	WILLIAMS	LANDON L SR		82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32208 83		*		[
### City				83		·		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submills this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PD				84	City		85 Zip	Code
office or registered agent, or both, in the State of Florias, Such change was authorized by the corporation's board of directors. Interedy accept the appointment as registered agent and file if applicable. (NOTE: Registered Agent spreature recurred when remdative) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD								
Company Comp	office or r	egistered agent or both in the State o	nt Florida. Such change was auti	nonzea by	the corpora	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	tment as re	gistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	SIGNATURE		/MOTE: D	a sistemad Ages	t einentern rom	DATE		•
TITLE	12				it signature redi	Shee men ransamay	DIRECTO	ORS IN 12
NAME STREET ADDRESS 3960 HARBOR VIEW DR. 13 STREET ADDRESS 14 CITY-ST-ZIP 30 CKSONVILLE FL 14 CITY-ST-ZIP 32 STREET ADDRESS 3960 HARBOR VIEW DR. 13 STREET ADDRESS 14 CITY-ST-ZIP 34 CITY-ST-ZIP 32 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 STREET ADDRESS 34 CITY-ST-ZIP 35 STREET ADDRESS 34 CITY-ST-ZIP 35 STREET ADDRESS				1.1 TITLE	 1		Change	Addition
STREET ADDRESS 3960 HARBOR VIEW DR. 13 STREET ADDRESS 14 CTTY- ST- ZIP		· =						
Add Change Add Change Add Change Add Change Change Add Change Chan		1		1.3 STREE	ADDRESS	•		
TITLE VD				1.4 CITY-S	T-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 3.1 TITLE TD AAME LAGRESSA, EDGAR STREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP TITLE S DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE S DELETE 4.1 TITLE MAME WELLS, F. LOUVENIA 4.2 NAME STREET ADDRESS LITY-ST-ZIP JACKSONVILLE FL 4.2 NAME WELLS, F. LOUVENIA 4.3 STREET ADDRESS LITY-ST-ZIP DELETE AACITY-ST-ZIP DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.1 TITLE			☐ Change	Addition
CITY-ST-ZIP JACKSONVILLE FL TILE TD NAME LAGRESSA, EDGAR STREET ADDRESS 2109 DUNES WAY DR. W. JACKSONVILLE FL TILE S OBLETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL OBLETE 4.1 TITLE NAME WELLS, F. ŁOUVENIA STREET ADDRESS LTY-ST-ZIP TITLE JACKSONVILLE FL OBLETE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBLETE 6.1 TITLE NAME Add Add Add Add Add Add Add	NAME	BROWN, LEROY		2.2 NAME	- 1			
TITLE	STREET ADDRESS	- ' ''		2.3 STREE	TADDRESS	-		
NAME LAGRESSA, EDGAR STREET ADDRESS Z109 DUNES WAY DR. W. ZITY-ST-ZIP JACKSONVILLE FL DELETE A.2 NAME STREET ADDRESS L473 E. 23RD STREET CIRCLE JACKSONVILLE FL DELETE A.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S.1 TITLE S.2 STREET ADDRESS CITY-ST-ZIP DELETE S.3 STREET ADDRESS S.4 CITY-ST-ZIP TITLE S.3 STREET ADDRESS S.4 CITY-ST-ZIP TITLE S.3 STREET ADDRESS S.4 CITY-ST-ZIP TITLE DELETE S.5 STREET ADDRESS S.4 CITY-ST-ZIP TITLE Change Add Add Change Add Change Add Add Change Add Add Change Add Change Add Change Add Change Add Change Add Change Add	CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-5	T-ZIP			
STREET ADDRESS 2109 DUNES WAY DR. W. 3.3 STREET ADDRESS CITY-ST-ZIP TITLE S AA. CITY-ST-ZIP TITLE S WELLS, F. LOUVENIA 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE NAME NAME NAME NAME	TITLE	TD	☐ DELETE	3.1 TITLE			K Change	☐ Addition
STREET ADDRESS 2109 DUNES WAY DR. W. 3.3 STREET ADDRESS CITY-ST-ZIP TITLE S AA. CITY-ST-ZIP TITLE S WELLS, F. LOUVENIA 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE NAME NAME NAME NAME	NAME	LAGRESSA, EDGAR		3.2 NAME] .	Mathis, Edgar Cagress	る	
DELETE	STREET ADDRESS	2109 DUNES WAY DR. W.		3.3 STREE	FADDRESS	1 0 9		
NAME	CITY-ST-ZIP	JACKSONVILLE FL			T-ZIP			
1473 E. 23RD STREET CIRCLE	TITLE	S	[] DELETE	4.1 TITLE			∐ Change	
Add City-St-ZIP	NAME	WELLS, F. LOUVENIA		4.2 NAME				
TITLE	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·						
NAME 52 NAME 52 NAME 53 STREET ADDRESS CITY- ST- ZIP TITLE □ DELETE 61 TITLE NAME 10 Add 62 NAME	CITY-ST-ZIP	JACKSONVILLE FL			T-ZIP			T sadition
NAME	TITLE		☐ DELETE	1			∐ Change	∐ Addition
	NAME	1						
DELETE 6.1 TITLE Change Addi	STREET ADDRESS							
NAME 62 NAME	CITY-ST-ZIP				T-ZIP			— • • • • • • • • • • • • • • • • • • •
TAME	TITLE	1	☐ DELETE)		☐ Change	☐ ¥aaiiion
STREET ADDRESS 6.3 STREET ADDRESS	NAME]		I .				
	STREET ADDRESS			6.3 STREE	FADDRESS			

CITY-ST-ZIP

14. | hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. | further certify that the information indicated on this annual report or supplemental annual teport 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, or or an attachment with an address, with all other like empowered.

SIGNATURE MANGE THE REQUEST

1/5/99 764-925"

2R2F037 (11/9