

FILE NOW: FILING FEE IS \$61.25

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

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

0004928

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 1880 WEST EDGEWOOD AVENUE JACKSONVILLE FL 32208			Mailing Address 1880 WEST EDGEWOOD AVENUE JACKSONVILLE FL 32208		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2391394	
22 City & State		27 City & State		Applied For ☐ Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WILLIAMS, LONDON L., SR. 1880 W EDGEWOOD AVENUE JACKSONVILLE FL 32208				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 office or 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	WILLIAMS, LONDON L., SR.			1.2 NAME			
STREET ADDRESS	3960 HARBOR VIEW DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	BROWN, LEROY			2.2 NAME			
STREET ADDRESS	4234 MCDANIEL DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE		3.1 TITLE	☒ Change ☐ Addition		
NAME	LAGRESSA, EDGAR			3.2 NAME	Mathis, Edgar Lagressa		
STREET ADDRESS	2109 DUNES WAY DR. W.			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	WELLS, F. LOUVENIA			4.2 NAME			
STREET ADDRESS	1473 E. 23RD STREET CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/99 7649267

CR2E037 (11/98)