2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N22579

1. Entity Name
GREATER MACEDONIA BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1880 WEST EDGEWOOD AVENUE JACKSONVILLE, FL 32208	1880 WEST EDGEWOOD AVENUE JACKSONVILLE, FL 32208

02062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2391394
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, LANDON L.,SR.
1880 W EDGEWOOD AVENUE
JACKSONVILLE, FL 32208

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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 May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, LANDON L.,SR.
STREET ADDRESS	3960 HARBOR VIEW DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	BROWN, LEROY
STREET ADDRESS	4234 MCDANIEL DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	MATHIS, LAGRESSA E
STREET ADDRESS	2109 DUNES WAY DR. W.
CITY-ST-ZIP	JACKSONVILLE, FL
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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02/26/08-80044-006 61.25

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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: Dr. Landon L Williams Dr. Landon L Williams 904-764-9257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2.11.08