

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007134

**FILED**  
**Mar 13, 2024**  
**Secretary of State**  
**3623368151CC**

**Entity Name:** MACEY'S BELIEVERS INCORPORATED

**Current Principal Place of Business:**

3085 NE SKYLINE DR.  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

3085 NE SKYLINE DR.  
JENSEN BEACH, FL 34957 US

**FEI Number:** 47-5524259

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GASKINS, JANICE M  
3085 NE SKYLINE DR.  
JENSEN BEACH, FL 34957 US

*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

**Officer/Director Detail :**

Title P  
Name GASKINS, JANICE M  
Address 3085 NE SKYLINE DR.  
City-State-Zip: JENSEN BEACH FL 34957

Title VP  
Name HERRERA, MONICA A.  
Address 2274 SE MANOR AVE.  
City-State-Zip: PORT ST. LUCIE FL 34952

Title T  
Name MUNSON, ELAINE  
Address 2841 NE YORKSHIRE LANE  
City-State-Zip: JENSEN BEACH FL 34957

Title S  
Name ENGEL, MAGGIE  
Address 3020 NE HEATHER CT.  
City-State-Zip: JENSEN BEACH FL 34957

Title BOARD CHAIR  
Name GASKINS, STANLEY R JR.  
Address 3085 NE SKYLINE DR.  
City-State-Zip: JENSEN BEACH FL 34957

*I hereby 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 all other like empowered.*

**SIGNATURE:** JANICE M GASKINS

**PRESIDENT**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date