

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000003736

**Entity Name:** MACEDONIA SEVENTH DAY ADVENTIST PANTRY, INC

**Current Principal Place of Business:**

1220 DELWARE AVE  
FORT PIERCE, FL 34950

**Current Mailing Address:**

1220 DELWARE AVE  
FORT PIERCE, FL 34950 US

**FEI Number:** 83-1187358

**Certificate of Status Desired:** No

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

GREEN, CASSANDRA  
1220 DELWARE AVE  
FORT PIERCE, FL 34950 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 MCPHEE, WILLIS  
Address 1220 DELWARE AVE  
City-State-Zip: FORT PIERCE FL 34950

Title VP  
Name CORRODUS, FONTLEY  
Address 1220 DELWARE AVE  
City-State-Zip: FORT PIERCE FL 34950

Title D  
Name GREEN, CASSANDRA  
Address 1220 DELWARE AVE  
City-State-Zip: FORT PIERCE FL 34950

Title D  
Name SMITH, REATHA  
Address 1220 DELWARE AVE  
City-State-Zip: FORT PIERCE FL 34950

Title D  
Name SWANN, AARON  
Address 1220 DELWARE AVE  
City-State-Zip: FORT PIERCE FL 34950

*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:** CASSANDRA GREEN

**TREASURER**

**07/24/2019**

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

\_\_\_\_\_  
Date