

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 30 1998 8:00am<sup>8</sup>  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700494

(8)

1. Corporation Name

MACEDONIA BAPTIST CHURCH OF RIVIERA BEACH, FLORI  
DA, INC.

Principal Place of Business

Mailing Address

748 WEST 9TH ST  
P.O. BOX 9821  
RIVIERA BEACH FL 33404-0821

748 WEST 9TH ST  
P.O. BOX 9821  
RIVIERA BEACH FL 33404-0821

3. Date Incorporated or Qualified

02/24/1960

4. FEI Number

65-0100318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PATTERSON, ARTHUR L.  
440 S. 31ST ST.  
RIVIERA BCH FL 33404

10. Name and Address of New Registered Agent

81 Name

SAMUEL GATES

82 Street Address (P.O. Box Number is Not Acceptable)

613 34th ST

83

84 City

West Palm Beach

FL

85 Zip Code

33407

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 *Samuel Gates*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-20-98

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LINDA	
STREET ADDRESS	748 W 9TH STREET	
CITY-STATE-ZIP	RIVIERA BEACH FL	
TITLE	TC	<input type="checkbox"/> DELETE
NAME	GRAHAM, ALBERT	
STREET ADDRESS	330 W 14TH ST	
CITY-STATE-ZIP	RIVIERA BCH FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	LAWRENCE, JOSEPH	
STREET ADDRESS	1113 W. 27TH STREET	
CITY-STATE-ZIP	RIVIERA BCH, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PATTERSON, ARTHUR	
STREET ADDRESS	440 W 31ST STREET	
CITY-STATE-ZIP	RIVIERA BCH, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LANE, BRENDA	
STREET ADDRESS	6058 SHERWOOD GLEN WAY	
CITY-STATE-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, MICHELLE	
1.3 STREET ADDRESS	5845 Bermuda Circle West	
1.4 CITY-STATE-ZIP	West Palm Beach, FL 33407	
2.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Graham Albert	
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	D - only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Patterson, Arthur	
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ruth Gates	
5.3 STREET ADDRESS	764 W. 3rd STREET	
5.4 CITY-STATE-ZIP	RIVIERA BEACH, FL 33404	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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.

SIGNATURE: *Albert Graham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-1998

Date

Day/Time Phone #

CR2E037 (5/98)