

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90185 032 ****70.00

DOCUMENT # 704935 1. Entity Name GREATER NEW MACEDONIA MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 3165 N.W. 56TH STREET MIAMI, FL 33142-2847			Mailing Address P.O. BOX 472756 MIAMI, FL 33247		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, LEONZIE 12185 E GOLF DR MIAMI, FL 33168				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Leonzie Jones</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Leonzie Jones</u> (NOTE: Registered Agent signature required when reinstating)		DATE <u>4-15-2007</u> <u>2007</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D YOUNG, TIMOTHY 17500 NW 9TH LACE MIAMI GARDENS, FL 33169 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD MOORE, SYLVIA 15755 NW 27TH PLACE MIAMI GARDENS, FL 33054 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD SIMMONS, LOVE 1151 NW LITTLE RIVER DR MIAMI, FL 33150 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Zackery, Fannie 20251 NE 2ND AVE UNIT 24 MIAMI, FL 33179 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D JONES, CARLNEEL 8518 NW 23RD AVE MIAMI, FL 33147-4118 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES-WILFORK, BOBBIE 5264 SW 159TH AVE MIRAMAR, FL 33027 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D THOMAS, WILLIE 10901 E GULF DRIVE MIAMI, FL 33169 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHEEVER, HENRY 3321 NW 208TH STREET MIAMI GARDEN, FL 33056 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS/D LECOUNTE JAMES 835 NW 47TH STREET MIAMI, FL 33127 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNCH, GLADYS 1020 NW 57TH STREET MIAMI, FL 33127 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LECOUNTE, ERNEST 825 NW 47TH STREET MIAMI, FL 33127 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>Timothy Young</u> Timothy Young SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<u>4/15/07</u> <u>305</u> <u>620-7922</u>					

ATTACHMENT

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SIGNATURE: <i>Timothy Young</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>Timothy Young</i> 4/15/07 305 620-7922	