

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/11/2003-90150-003-\$69.00-\$69.00

0007008

DOCUMENT # 705506



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 2:21

1. Entity Name

MACEDONIA MISSIONARY BAPTIST CHURCH, LAKE GARFIE
LD, INC.

Principal Place of Business

1460 E. SEMINOLE TRAIL
BARTOW FL 33830
US

Mailing Address

P.O. BOX 285
BARTOW FL 33831
US

2. Principal Place of Business

1460 E Seminole Trail

3. Mailing Address

P.O. Box 285

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow Florida

City & State

Bartow, Florida

Zip

33830

Country

FL

Zip

33831

Country

FL

4. FEI Number 59-1968763

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, RUSSELL J
2075 GREENTREE COURT
BARTOW FL 33830

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

Russell Patterson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-03

FILE NOW: FEE IS \$61.25

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

TITLE	PATTERSON, CAROLYN	☐ Delete
NAME	2075 GREENTREE COURT	
STREET ADDRESS	BARTOW FL 33830	
CITY-ST-ZIP		
TITLE	PATTERSON, RUSSELL	☐ Delete
NAME	2075 GREENTREE COURT	
STREET ADDRESS	BARTOW FL	
CITY-ST-ZIP		
TITLE	SD	☐ Delete
NAME	WARNER, DOROTHY	
STREET ADDRESS	2525 GERTIES RD	
CITY-ST-ZIP	BARTOW FL	
TITLE	VP	☐ Delete
NAME	YOUNG, IDA M	
STREET ADDRESS	2990 MAYS COURT	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	☐ Delete
NAME	JOINER, DORIS	
STREET ADDRESS	1495 GREENTREE AVENUE	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	☐ Delete
NAME	JONES, MARTHA A	
STREET ADDRESS	815 PARHAM COURT	
CITY-ST-ZIP	BARTOW FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy Warner

4/28/03 (863) 299-4265

Date

Daytime Phone #

CR2E037 (10/02)