FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # 713289 (7)

1. Corporation Name

MACEDONIA UNITED AMERICAN FREE WILL BAPTIST CHUR CH, INC.

Principal Place of Business	Mailing Address
871 EAST BAY STREET PO BOX 1490 WINTER GARDEN FL 34787-3238	871 EAST BAY STREET PO BOX 1490 WINTER GARDEN FL 34787-3238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1967
3a. Date of Last Report: 09/13/1994
4. FEI Number: 59-1008568 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, JOHN W 871 E BAY ST PO BOX 412 WINTER GARDENS FL 39787	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHN W.	12 NAME	Smith, John (D)
STREET ADDRESS	622 874 E. Bay St.	13 STREET ADDRESS	874 E. Bay St
CITY-ST-ZIP	WINTER GARDEN FL	14 CITY-ST-ZIP	Winter Garden, Fl
TITLE	DCB	21 TITLE	Chairman Finance Committee ☑ Change ☐ Addition
NAME	~~JOHNSON, HERBERT~~ James Brown	22 NAME	~~James Brown~~ (T.)
STREET ADDRESS	~~689 S BETHUNE AVE~~ P.O. Box 2554	23 STREET ADDRESS	~~Po. Box 2554~~ 2005 S. Washington Ave
CITY-ST-ZIP	~~WINTER GARDEN FL~~ Apopka, Fl	24 CITY-ST-ZIP	Apopka, Fl
TITLE	~~D~~ Clerk	31 TITLE	Financial Secretary ☑ Change ☐ Addition
NAME	~~MONTGOMERY, DAVID~~ Dorothy Chapman	32 NAME	Dorothy Chapman (T.)
STREET ADDRESS	~~1100 LINCOLN TERRACE~~ 5456 S. Orange Blossom Trail #261	33 STREET ADDRESS	523 W. Jackson St. #214
CITY-ST-ZIP	~~WINTER GARDEN FL~~ Orlando, Fl.	34 CITY-ST-ZIP	Orlando, Fl. 32805
TITLE		41 TITLE	☐ Change ☑ Addition
NAME		42 NAME	Jones, Ruby N. (T.)
STREET ADDRESS		43 STREET ADDRESS	1433 Basin St
CITY-ST-ZIP		44 CITY-ST-ZIP	Winter Garden, Fl. 34787
TITLE		51 TITLE	☐ Change ☑ Addition
NAME		52 NAME	McLoid, Deborah A. (T.)
STREET ADDRESS		53 STREET ADDRESS	1245 Apopka-Dcoee Rd
CITY-ST-ZIP		54 CITY-ST-ZIP	Apopka, Fla. 32703
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John W. Smith John W. Smith 6-4-95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0020685