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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified
08/31/1967

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 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 *John W. Smith*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE FEB. 16, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SMITH, JOHN W.
STREET ADDRESS 874 E. BAY STREET
CITY-ST-ZIP WINTER GARDEN FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DCB
NAME BROWN, JAMES
STREET ADDRESS 2005 S. WASHINGTON AVENUE
CITY-ST-ZIP APOPKA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CST
NAME CHAPMON, DOROTHY
STREET ADDRESS 523 WEST JACKSON STREET, #219
CITY-ST-ZIP ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME JONES, RUBY N.
STREET ADDRESS 1433 BASIN STREET
CITY-ST-ZIP WINTER GARDEN FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME MCLOID, DEBORAH A.
STREET ADDRESS 1245 APOPKA OCOEE ROAD
CITY-ST-ZIP APOPKA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *John W. Smith* FEB. 16, 1997

CP2E037 (9/96)