

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713289

1. Entity Name

MACEDONIA UNITED AMERICAN FREE WILL BAPTIST CHUR

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

2. Principal Place of Business

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

SMITH, JOHN W

~~871 E BAY ST~~

~~PO BOX 412~~

WINTER GARDENS FL 39787

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.

SIGNATURE

JOHN W. SMITH

John W. Smith

NOV. 10, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004719054--7
-12/11/01--01072--003
****236.25 ****236.25

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 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:

John W. Smith NOV 7, 2001 863-6821483

FILED

01 NOV 16 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number

59-1008568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0015516

CH2E037 (5/01)