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

UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT # 7/3289		The state of the s	The state of the s
MACEDONIA United AMERICAN FREE Will		FILED	
Baptist Church INC.		02 AUG 19 AM 8: 37	
DO NOT WRITE IN THIS SF	PACE	TALLAHA	ARY OF STATE ASSEE, FLORIDA
2. Principal Place of Business 3. Mailing Address P. D. BOX Suite, Apt. #, etc.	770863		007425618——3 -08/29/0201046021 *****61.25 *****61.25 do not write in this space
Winter Garden City & State Winter, Ga		4. FEI Number	7-3656570 Applied For Not Applicable
321787 Drange 34787	Drange	5. Certificate of Star	tus Desired
	<u> </u>	7. Name and Addres	s of Current Registered Agent
DO NOT WRITE IN THIS SPACE Name Figer R Collier Street Address (FIG. Box Number is Not Acceptable) 324 Hentace Estate Lane			
	City Del	and.	FL 30 730
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 EUGENE R. Collier Pastor Ellie Rollies Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Co	· -	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PASTOR - D EUGENE R. Colling 324 Hecitage Estates LANE DELAND, FIA 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	
TITLE Church Administrator - D NAME STREET ADDRESS CITY-ST-ZIP CHANDO, FIA 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	
NAME RUBY JONES STREET ADDRESS 1433 BASSIN ST CITY-ST-ZIP WINTER GARDEN FA 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP Chajepeason Mother Burgo - T Chajepeason Mother Burgo - T Chajepeason Mother Burgo - T Winter Galoen, Fla 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN T	HIS SPACE
NAME Lillian Williams STREET ADDRESS 722 Pine St CITY-ST-ZIP Winter GARDEN, F/A 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE CHARMAN DEACON BOARD - 1 NAME ERVIN JONES STREET ADDRESS 577 MAYEY AVE CITY-ST-ZIP Winter GARDER, FIA 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling does not qualify for the	ne exemption stated in Sec	ction 119.07(3)(i), Florid	da 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG