

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90248 009 ****61.25

DOCUMENT # 713289					
1. Entity Name MACEDONIA UNITED AMERICAN FREE WILL BAPTIST CHURCH, INC.					
Principal Place of Business 871 EAST BAY STREET WINTER GARDEN FL 34787-3238			Mailing Address P.O. BOX 770863 WINTER GARDEN FL 34787		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1008568	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLIER, EUGENE R 324 HERITAGE ESTATE LANE DELAND FL 32720			7. Name and Address of New Registered Agent Name Same 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 <i>Bishop E. L. [Signature]</i> DATE 5-8-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COLLIER, EUGENE R		NAME		
STREET ADDRESS	324 HERITAGE ESTATE LANE		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP		
TITLE	VPD	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	LEWIS, BETTYE		NAME	Aetivuss Tolliver	
STREET ADDRESS	407 POSTELL AVENUE		STREET ADDRESS	4732 KALWIT LN	
CITY-ST-ZIP	OAKLAND FL 34760		CITY-ST-ZIP	ORLANDO, FLA 32808	
TITLE	ADMA	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	SHAW, MARY		NAME	James Z. Brown	
STREET ADDRESS	4302 BRITTANY ROAD		STREET ADDRESS	PO BOX 2554	
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP	Apopka, FL 32704	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JONES, RUBY		NAME		
STREET ADDRESS	1433 BASSIN STREET		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP		
TITLE	MBT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PICKETT, GRACE		NAME		
STREET ADDRESS	1461 KENNY COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP		
TITLE	TT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WILLIAMS, LILLIAN		NAME		
STREET ADDRESS	722 PINE STREET		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-05 386-844-4600

Date

Daytime Phone #