2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 713289

1. Entity Name
MACEDONIA UNITED AMERICAN FREE WILL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
871 EAST BAY STREET WINTER GARDEN, FL 34787-3238	P.O.BOX 770663 WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1008568
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLIER, EUGENE R
324 HERITACE ESTATE LANE
DELAND, FL 32720

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLIER, EUGENE R
STREET ADDRESS	324 HERTIACE ESTATE LANE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VPD
NAME	ARTICUSS, TOLLIRCE
STREET ADDRESS	4132 KALWIT LANE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	ADMA
NAME	BROWN, JAMES Z
STREET ADDRESS	PO BOX 2554
CITY-ST-ZIP	APOPKA, FL 32704
TITLE	TD
NAME	JONES, RUBY
STREET ADDRESS	1433 BASSIN STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MBT
NAME	PICKETT, GRACE
STREET ADDRESS	1461 KENNY COURT
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	TT
NAME	WILLIAMS, LILLIAN
STREET ADDRESS	722 PINE STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787

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02/21/06-80020-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2-5-06 386 848 4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #