2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713289

FILED Mar 03, 2008 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	BAY STREET GARDEN, FL				
Current Mailing Address:			New Mailin	New Mailing Address:	
P.O.BOX	770863				
WINTER (GARDEN, FL	34787			
FEI Number	r: 59-1008568	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
324 HERI [*]	, EUGENE R TAGE ESTATE FL 32720	ELANE US			
	e named entity e of Florida.	submits this statement for the	purpose of changing it	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	jent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	COLLIER, EÙ	E ESTATE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (ARTICUSS, TO 4132 KALWIT ORLANDO, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ADMA (BROWN, JAMI PO BOX 2554 APOPKA, FL:		Title: Name: Address: City-St-Zip:	() Change () Addition	
	TD (JONES, RUBY		Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip:	1433 BASSIN WINTER GARI	DEN, FL 34787	City-St-Zip:		
√ame: Address:	WINTER GARI MBT (PICKETT, GRA 1461 KENNY (DEN, FL 34787) Delete ICE	City-St-Zip: Title: Name: Address: City-St-Zip:	MBT (X) Change () Addition DREW, ANNELL 4302 BRITTANY RD ORLANDO, FL 32808	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN WILLIAMS TT 03/03/2008