FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

721578

(3)

MACEDONIA MISSIONARY BAPTIST CHURCH OF EATONVILL E, FLORIDA, INC.

Principal Place of Business Mailing Address 412 KENNEDY BLVD. PO BOX 940515 3. Date Incorporated or Qualified EATONVILLE FL 32751 MAITLAND FL 32794-0515 08/25/1971 4. FEI Number Applied For 05-0043900 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes ☐ No Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOPKINS, CLARICE Street Address (P.O. Box Number is Not Acceptable) 6210 RAINER DRIVE 83 ORLANDO FL 32810 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 😾 Addition TITLE D 1.1 TITLE NAME OTEY, F M 12 NAME Artisher Pittman-Blue NE LAKE BELL STREET ADDRESS 1.3 STREET ADDRESS 2131 Warrens Ave. WINTER PARK FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Maitland, FL 32751 DELETE 21 TITLE Change Addition TITLE NAME WILLIAMS, ERNEST 2.2 NAME 459 SUNNYVIEW CIR. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 2. 4 CITY-ST-ZIP CITY - ST - ZIP X X DELETE Change Addition TITLE 3.1 TITLE D TARVER, ANDREW NAME 3.2 NAME 7748 ROLLINGRIDGE COURT STREET ADORESS 3.3 STREET ADDRESS ORLANDO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME BARNES, WILLIE C NAME 3134 GOLDEN ROCK 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5,3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change __ DELETE Addition 6.1 TITLE TITLE

14. 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 annual report or supplierental annual report is 100 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 report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for or an artischment with an address.

6.2 NAME

6,3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

01/06/98

(407) 647-0010

FILED

Jan 21 1998 8:00am

Secretary of State