

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90119 043 ****61.25

DOCUMENT # 721578

1. Entity Name

**MACEDONIA MISSIONARY BAPTIST CHURCH OF EATONVILLE
 E, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**412 KENNEDY BLVD.
 EATONVILLE FL 32751
 US**

**PO BOX 940515
 MAITLAND FL 32794-0515
 US**

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

05-0043900

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOPKINS, CLARICE
 6210 RAINIER DRIVE
 ORLANDO FL 32810**

Name

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

Clarice Hopkins

08-20-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
 NAME **MCCLANDON, JOEANN**
 STREET ADDRESS **1623 BRIDGEWATER DR.**
 CITY-ST-ZIP **HEATHROW FL 32746**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D ☐ Delete
 NAME **WILLIAMS, ERNEST**
 STREET ADDRESS **459 SUNNYVIEW CIR.**
 CITY-ST-ZIP **ORLANDO FL**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T ☐ Delete
 NAME **PITTMAN, ARTISHER B**
 STREET ADDRESS **2131 WARRENS AVENUE**
 CITY-ST-ZIP **MAITLAND FL 32751**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P ☐ Delete
 NAME **BARNES, WILLIE C**
 STREET ADDRESS **3134 GOLDEN ROCK**
 CITY-ST-ZIP **ORLANDO FL**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 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: *Ernest Williams* **Ernest Williams** 08/20/02 407-647-0010

CR2E037 (4/02)