

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721578

FILED
Mar 08, 2007
Secretary of State

Entity Name: MACEDONIA MISSIONARY BAPTIST CHURCH OF EATONVILLE, FLORIDA, INC.

Current Principal Place of Business:

412 KENNEDY BLVD.
EATONVILLE, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 940515
MAITLAND, FL 327940515 US

New Mailing Address:

FEI Number: 59-1715085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPKINS, CLARICE
6210 RAINER DRIVE
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: REYNOLDS, CAMILLE
Address: 1815 CARRIGAN AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: WILLIAMS, ERNEST
Address: 459 SUNNYVIEW CIR.
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: PITTMAN, ARTISHER B
Address: 2131 WARRENS AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: P () Delete
Name: BARNES, WILLIE C
Address: 7656 ST. STEPHENS COURT
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: TORBERT, JACQUELINE
Address: 1802 CARILLION PARK DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUELINE TORBERT

T

03/08/2007

Electronic Signature of Signing Officer or Director

Date