

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90063 023 ****70.00

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01242007 Chg-NP CR2E037 (12/06)

DOCUMENT # 726330 1. Entity Name MACEDONIAN SERVICE FOUNDATION, INC.					
Principal Place of Business 8201 TOMKOW ROAD LAKELAND, FL 33809 US			Mailing Address P.O. BOX 68 POLK CITY, FL 33868 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1481725 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, HAROLD R. 203 GREENLEAF LANE POLK CITY, FL 33868				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JASPER, LEON 640 MEADOW DR SOMERSET, KY 425036125	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDC WILLIAMS, HAROLD R 203 GREENLEAF LN POLK CITY, FL 338689753	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTDC WILLIAMS, HAROLD R 203 GREENLEAF LN POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADDOCK, THOMAS STATE ROAD 64 W WAUCHULA, FL 33873	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER JR., WALTER C 5960 COW PEN RD BARTOW FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, WALTER C 12300 OLD GRADE RD POLK CITY, FL 338689636	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABEEL, JACOB W 8725 HIGHWAY 39 SOMERSET KY 42503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JAMES D 319 61ST ST N CAPE CORAL, FL 339107830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELL, JOE M 9 PROSPECT TRL NORTH LITTLE ROCK, AR 721185212	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Harold R. Williams</i>		Harold R Williams		January 25, 2007 (863) 984-4060	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT
40006054

Attachment to:

2007 Uniform Business Report (UBR)

Document #726330 - Macedonian Service Foundation, Inc.

Line 10 Continuation:

Title: D
Name: Douglas, Gordon
Street Address: 1004 Lakeshore Dr.
City-St-Zip: Auburndale FL 33823

Title: D
Name: Rakestraw, Harris
Street Address: 3556 Highway 39
City-St-Zip: Somerset KY 42501

Title: D
Name: Fenison, Darvie
Street Address: 186 Highway 192
City-St-Zip: Somerset KY 42501

Total directors increased to eleven (11)