

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726330

FILED
Mar 19, 2009
Secretary of State

Entity Name: MACEDONIAN SERVICE FOUNDATION, INC.

Current Principal Place of Business:

8201 TOMKOW ROAD
LAKELAND, FL 33809 US

New Principal Place of Business:

120 CARTER BLVD UNIT 1
POLK CITY, FL 33868 US

Current Mailing Address:

P.O. BOX 68
POLK CITY, FL 33868 US

New Mailing Address:

FEI Number: 59-1481725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, HAROLD R VP/SECY
203 GREENLEAF LANE
POLK CITY, FL 33868 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: PD () Delete
Name: JASPER, LEON PRES
Address: 640 MEADOW DR
City-St-Zip: SOMERSET, KY 42503 US

Title: VSDC () Delete
Name: WILLIAMS, HAROLD R VP/SECY
Address: 203 GREENLEAF LN
City-St-Zip: POLK CITY, FL 33868 US

Title: D () Delete
Name: BRADDOCK, THOMAS
Address: STATE ROAD 64 W
City-St-Zip: WAUCHULA, FL 33873 US

Title: TD () Delete
Name: GRABEEL, JACOB W TRES
Address: 8725 HIGHWAY 39
City-St-Zip: SOMERSET, KY 42503 US

Title: D () Delete
Name: WILLIAMS, JAMES D
Address: 319 61ST ST N
City-St-Zip: CAPE CORAL, FL 33910

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: WILLIAMS, JAMES D
Address: 319 61ST ST N
City-St-Zip: CAPE CORAL, FL 33910 US

Title: D () Change (X) Addition
Name: WEIDENBACH, GARY A
Address: 50 SERENA LN
City-St-Zip: DANVILLE, CA 94526 US

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: HAROLD R WILLIAMS

VP/S

03/19/2009

Electronic Signature of Signing Officer or Director

Date