## FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B, Morthage

**FILED** 

Mar 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

732738

(0)

## THE CHURCH OF THE LIVING GOD NEW MACEDONIA, INC.

			,			
Principal Place of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·		i dismi aman maman mimia maman ma	1911 B1911 B1911 191
610 S.W. 4TH STREET		322 SW 1ST AVE.		3. Date Incorporated or Qualif	fied	
DELRAY BEACH FL 33444 US		DELRAY BEACH FL 33444 US	1-3507	05/12/1975		
		US		4. FEI Number		Applied Fo
2. Principal Pla	ace of Business	2e. Mailing Address	<del></del>	65-0046284	- 60	<del></del>
n]		26		5. Certificate of Status Desired	u 🗀 🔭	. <b>75</b> Additiona ee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financia		00 May Be
22		27		Trust Fund Contribution	Add	ded to Fees
City & State		City & State		7. Is this nonprofit corporation	a homeowners assoc	ciation?
23 Zip	Country	Zip	Country	8. This corporation owes or ha		ar Intendible
24	25	29	30	Personal Property Tax due		□ No :
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of Ne	w Registered Agent	
			<b>81</b> ∫ Name	9		
QUINCE,	L.N., JR.		82 Stree	t Address (P.O. Box Number is Not Acce	eptable)	
322 SW 1ST AVENUE			\ <u>.</u>			<del></del> ; .
DELRAY I	BEACH FL		83			1
			84 City		FL 85	Zip Code
<b>'</b>	the provisions of Sections 617.050	2 and 617 1508 Florida State	des the shove-name	d corporation submits this statement for	the purpose of chang	ing its reg
11 Dureuant to		of Florida: Buch change was	authorized by the co	rporation's board of directors. I hereby	accept the appointmen	nt as regis,
11. Pursuant to office or re	gistered agent, or both, in the State					_
office or re agent. I am	gistered agent, or both, in the State farmer with and accept the oblig	utions of, Section 617.0503, F	lorida Statutes.		~1111 98	•
11. Pursuant to office or re agent. I am SIGNATURE	gistered agent, or both, in the State familiar with and accept the oblig	1 June 27	Torida Statutes.		2/11/98	
office or re agent. I am	gistered agent, or both, in the State of agent ar with and accept the oblig	1 June 27			2/11/18	
office or re agent. I am SIGNATURE	gistered agent, or both, in the State of agent ar with and accept the oblig	m and the if applicable. (NO	OTE: Registered Agent signatu	ire required when reinstating)	2/11/18	CTORS IN ,
office or re agent. I am SIGNATURE	gistered agent, or both, in the State Leather with and accept the oblig  OFFICERS AN  PDT  OUINCE, L.N., JR.	Am and tight if applicable. (NO	DTE: Registered Agent eignatu	ire required when reinstating)	DEFICERS AND DIRECT	CTORS IN ,
office or reagent. I am SIGNATURE	gistered agent, or both, in the State Learning with and accept the oblig OFFICERS AN PDT OUINCE, L.N., JR. 322 S.W. 1ST AVE	Am and tight if applicable. (NO	TE Registered Agent signature 13.	ure required when reinstating) ADDITIONS/CHANGES TO C	DEFICERS AND DIRECT	CTORS IN
office of reagent. I am SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-ZIP	pistered agent, or both, in the State Leading with and accept the oblig  OFFICERS AN  PDT  QUINCE, L.N., JR.  322 S.W. 1ST AVE  DELRAY BEACH FL 33444	Mil and up the applicable (NO	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ure required when reinstating) ADDITIONS/CHANGES TO C	DATE  DEFICERS AND DIRECT	CTORS IN .
office of reagent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-7IP TITLE	pistered agent, or both, in the State Leading with and accept the oblig  OFFICERS AN  PDT  QUINCE, L.N., JR.  322 S.W. 1ST AVE  DELRAY BEACH FL 33444  DT	Am and tight if applicable. (NO	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 WILE	ure required when reinstating) ADDITIONS/CHANGES TO C	DEFICERS AND DIRECT	CTORS IN .
office of reagent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	pistered agent, or both, in the State Learner with and accept the oblig OFFICERS AN PDT OUINCE, L.N., JR. 322 S.W. 1ST AVE DELRAY BEACH FL 33444 DT BOYER-REYNOLDS, IDELL	Mil and up the applicable (NO	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 WILE 22 NAME	ure required when reinstating) ADDITIONS/CHANGES TO C	DATE  DEFICERS AND DIRECT	CTORS IN ,
office of reagent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	pistered agent, or both, in the State Learner with and accept the oblig OFFICERS AN PDT QUINCE, L.N., JR. 322 S.W. 1ST AVE DELRAY BEACH FL 33444 DT BOYER-REYNOLDS, IDELL 310 SW 1ST ST.	Mil and up the applicable (NO	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 C(TY-S1-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	ure required when reinstating) ADDITIONS/CHANGES TO C	DATE  DEFICERS AND DIRECT	CTORS IN ,
Office of reagent. 1 am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP	pistered agent, or both, in the State of Leasther with and accept the oblig OFFICERS AN PDT QUINCE, L.N., JR. 322 S.W. 1ST AVE DELRAY BEACH FL 33444 DT BOYER-REYNOLDS, IDELL 310 SW 1ST ST. DELRAY BCH. FL 33444	MIL AND LINE STREET ON CO.	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP	ure required when reinstating) ADDITIONS/CHANGES TO C	DATE  OFFICERS AND DIRECT  Cha	CTORS IN ange
office of reagent. 1 am SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	pistered agent, or both, in the State Learning with and accept the oblig OFFICERS AN PDT QUINCE, L.N., JR. 322 S.W. 1ST AVE DELRAY BEACH FL 33444 DT BOYER-REYNOLDS, IDELL 310 SW 1ST ST. DELRAY BCH. FL 33444 D	Mil and up the applicable (NO	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE	ure required when reinstating) ADDITIONS/CHANGES TO C	DATE  DEFICERS AND DIRECT	CTORS IN -, ange
office of re agent. 1 am SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pistered agent, or both, in the State Learning with and accept the oblig  OFFICERS AN  PDT  QUINCE, L.N., JR.  322 S.W. 1ST AVE  DELRAY BEACH FL 33444  DT  BOYER-REYNOLDS, IDELL  310 SW 1ST ST.  DELRAY BCH. FL 33444  D  HUNTER, WILFRED	MIL AND LINE STREET ON CO.	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 32 NAME	are required when reinstating) ADDITIONS/CHANGES TO C	DATE  OFFICERS AND DIRECT  Cha	CTORS IN -, ange
Office of re agent. 1 am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	pistered agent, or both, in the State Learning with and accept the oblig  OFFICERS AN  PDT  QUINCE, L.N., JR.  322 S.W. 1ST AVE  DELRAY BEACH FL 33444  DT  BOYER-REYNOLDS, IDELL  310 SW 1ST ST.  DELRAY BCH. FL 33444  D  HUNTER, WILFRED  2800 NW 6TH CT.	MIL AND LINE STREET ON CO.	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE	are required when reinstating) ADDITIONS/CHANGES TO C	DATE  OFFICERS AND DIRECT  Cha	CTORS IN -, ange
office of re agent. 1 am SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pistered agent, or both, in the State Learning with and accept the oblig  OFFICERS AN  PDT  QUINCE, L.N., JR.  322 S.W. 1ST AVE  DELRAY BEACH FL 33444  DT  BOYER-REYNOLDS, IDELL  310 SW 1ST ST.  DELRAY BCH. FL 33444  D  HUNTER, WILFRED	MIL AND LINE STREET ON CO.	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS	are required when reinstating) ADDITIONS/CHANGES TO C	DATE  OFFICERS AND DIRECT  Cha	CTORS IN ange
Office of re agent. 1 am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	pistered agent, or both, in the State Learning with and accept the oblig  OFFICERS AN  PDT  QUINCE, L.N., JR.  322 S.W. 1ST AVE  DELRAY BEACH FL 33444  DT  BOYER-REYNOLDS, IDELL  310 SW 1ST ST.  DELRAY BCH. FL 33444  D  HUNTER, WILFRED  2800 NW 6TH CT.	MIL AND LINE STREET (NO ID) DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 3.1 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECT Cha	CTORS IN ange
Office of reagent. 1 am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	pistered agent, or both, in the State of Learning with and accept the oblig OFFICERS AN OFFICERS AN PDT QUINCE, L.N., JR. 322 S.W. 1ST AVE DELRAY BEACH FL 33444 DT BOYER-REYNOLDS, IDELL 310 SW 1ST ST. DELRAY BCH. FL 33444 D HUNTER, WILFRED 2800 NW 6TH CT. POMPANO BCH. FL 33069 D	MIL AND LINE STREET (NO ID) DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO C	DATE  OFFICERS AND DIRECT  Cha	CTORS IN ange
Office of reagent. 1 am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pistered agent, or both, in the State of Learning with and accept the oblig OFFICERS AN OFFICERS AND	DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 CITY-ST-ZIP 4.1 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECT Cha	ange Ada
Office of reagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE NAME	pistered agent, or both, in the State I perfect with and accept the oblig  OFFICERS AN  PDT  QUINCE, L.N., JR.  322 S.W. 1ST AVE  DELRAY BEACH FL 33444  DT  BOYER-REYNOLDS, IDELL  310 SW 1ST ST.  DELRAY BCH. FL 33444  D  HUNTER, WILFRED  2800 NW 6TH CT. POMPANO BCH. FL 33069  D  JACKSON, CLARENCE  409 SW 6TH AVE.  DELRAY BCH. FL 33444  D	MIL AND LINE STREET (NO ID) DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECT Cha	ange Ada
Office of reagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	pistered agent, or both, in the State Leading with and accept the oblig  OFFICERS AN  PDT  QUINCE, L.N., JR.  322 S.W. 1ST AVE  DELRAY BEACH FL 33444  DT  BOYER-REYNOLDS, IDELL  310 SW 1ST ST.  DELRAY BCH. FL 33444  D  HUNTER, WILFRED  2800 NW 6TH CT.  POMPANO BCH. FL 33069  D  JACKSON, CLARENCE  409 SW 6TH AVE.  DELRAY BCH. FL 33444  D  HUNTER, MALFRED  HUNTER, MALFRED	DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECT Cha	ange Adange Adange Adange Ada
Office of re agent. 1 am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	pistered agent, or both, in the State of Learning with and accept the oblig OFFICERS AN OF	DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECT Cha	ange Adange Adange Adange Ada
Office of reagent. 1 am SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	pistered agent, or both, in the State of Learning with and accept the oblig OFFICERS AN OF	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP	ADDITIONS/CHANGES TO C	DATE DATE DEFICERS AND DIRECT Chair Chair Chair Chair Chair Chair Chair Chair Chair	ange Adange Adange Adange Adange Adange Ada
Office of reagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP	pistered agent, or both, in the State of Jeastfor with and accept the oblig OFFICERS AN OF	DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECT Cha	ange Adange Adange Adange Adange Adange Ada
Office of reagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	pistered agent, or both, in the State of Learning with and accept the oblig OFFICERS AN OF	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ADDITIONS/CHANGES TO C	DATE DATE DEFICERS AND DIRECT Chair Chair Chair Chair Chair Chair Chair Chair Chair	ange Adange Adange Adange Adange Adange Ada
Office of reagent. 1 am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	pistered agent, or both, in the State of Jeastfor with and accept the oblig OFFICERS AN OF	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 WILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO C	DATE DATE DEFICERS AND DIRECT Chair Chair Chair Chair Chair Chair Chair Chair Chair	ange Ada