

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 732738 (0)
1. Corporation Name
THE CHURCH OF THE LIVING GOD NEW MACEDONIA, INC.



| | | | | |
|---|---------------------|--|---------------------|--|
| Principal Place of Business 610 S.W. 4TH STREET DELRAY BEACH FL 33444 US | | Mailing Address 322 SW 1ST AVE. DELRAY BEACH FL 33444-3507 US | | 3. Date Incorporated or Qualified 05/12/1975 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0046284 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Zip | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25 | Country | 30 | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent QUINCE, L.N., JR. 322 SW 1ST AVENUE DELRAY BEACH FL | | 10. Name and Address of New Registered Agent | |
| | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg. office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reg. agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Rev. L.N. Quince Jr* DATE: 2/11/98

| | | | |
|----------------------------|-----------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | |
| TITLE | PDT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | QUINCE, L.N., JR. | 1.2 NAME | |
| STREET ADDRESS | 322 S.W. 1ST AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | 1.4 CITY-ST-ZIP | |
| TITLE | DT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | BOYER-REYNOLDS, IDELL | 2.2 NAME | |
| STREET ADDRESS | 310 SW 1ST ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BCH. FL 33444 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | HUNTER, WILFRED | 3.2 NAME | |
| STREET ADDRESS | 2800 NW 6TH CT. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPAHO BCH. FL 33069 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | JACKSON, CLARENCE | 4.2 NAME | |
| STREET ADDRESS | 409 SW 6TH AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BCH. FL 33444 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | HUNTER, MAFRED | 5.2 NAME | |
| STREET ADDRESS | 4822 32ND DR. SOUTH | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | 5.4 CITY-ST-ZIP | |
| TITLE | DT | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | QUINCE, ARTICE | 6.2 NAME | |
| STREET ADDRESS | 322 SW 1ST AVE. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BCH. FL | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. L.N. Quince Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/98 276-8281
Date Daytime Phone # 004390