2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am DOCUMENT # 732738 Secretary of State The Church of The Living God New Macedonia, Inc. 05-22-2001 90639 024 ****70.00 Principal Place of Business Mailing Address 610 SW 4th Street Rev. Leonard N. Quince Fr. P.D. BOX 2035 Delray Beach, Fla 33447 Delray Beach, Ft. Principal Place of Business 3. Mailing Address Same as above) Same as Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0046284 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Quince, Leonard N., Jr. 322 SW / ST Avenue Name Street Address (P.O. Box Number is Not Acceptable) Debray Beach, FL 33444 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to . \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PCD TITLE : TITLE ☐ Addition ☐ Delete Quince, Leonard No, Jr. NAME NAME 322 SW IST Avenue STREET ADDRESS STREET ADDRESS Deirry Beach Fla. 33444 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE Boyer-Reynolds, Idell 310 SW 1st Street NAME NAME STREET ADDRESS STREET ADDRESS Delray Beach, FL. 33444 CITY-ST-ZIP CITY-ST-ZIP Head, Lillie Quince 566 Udell Lane ☐ <u>Q</u>elete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Deiray Beach, Fla, 33445 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Hunter, Wilfred 2800 NW 6 Court STREET ADDRESS STREET ADDRESS Pompano Beach, FL 33069 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change □ Delete TITLE Hunter, Malfred NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 Charles 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.