

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732738

FILED
Mar 28, 2007
Secretary of State

Entity Name: THE CHURCH OF THE LIVING GOD NEW MACEDONIA, INC.

Current Principal Place of Business:

610 S.W. 4TH STREET
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6903
DELRAY BEACH, FL 33482 US

New Mailing Address:

FEI Number: 65-0046284 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

QUINCE, LEONARD N JR
322 SW 1ST AVE
DELRAY BEACH, FL 33444 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: PCD () Delete
Name: QUINCE, LEONARD N JR.
Address: 322 S.W. 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TSD () Delete
Name: HEAD, LILLIE Q
Address: 566 UDELL LANE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: HUNTER, WILFRED
Address: 2800 NW 6TH CT.
City-St-Zip: POMPANO BCH., FL 33069

Title: D (X) Delete
Name: HUNTER, MALFRED
Address: 4822 32ND DRIVE SOUTH
City-St-Zip: LAKE WORTH, FL 33461

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONARD N QUINCE JR.

PCD

03/28/2007

Electronic Signature of Signing Officer or Director

Date