

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90178 038 ****70.00

DOCUMENT # 732738

1. Entity 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

**% REV. LEONARD N. QUINCE, JR.
P.O. BOX 2035
DELRAY BEACH FL 33447
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0046284**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**QUINCE, LEONARD N JR
322 SW 1ST AVE
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCM**
NAME **QUINCE, LEONARD N JR.**
STREET ADDRESS **322 S.W. 1ST AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

☐ Delete

TITLE **VD**
NAME **BOYER-REYNOLDS, IDELL**
STREET ADDRESS **310 SW 1ST ST.**
CITY-ST-ZIP **DELRAY BCH. FL 33444**

☐ Delete

TITLE **D**
NAME **HUNTER, WILFRED**
STREET ADDRESS **2800 NW 6TH CT.**
CITY-ST-ZIP **POMPANO BCH. FL 33069**

☐ Delete

TITLE **TSD**
NAME **HEAD, LILIE Q**
STREET ADDRESS **566 UDELL LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

☐ Delete

TITLE **D**
NAME **HUNTER, Malfred**
STREET ADDRESS **4822 32ND DRIVE SOUTH**
CITY-ST-ZIP **LAKE WORTH FL 33461**

☐ Delete

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☐ Change ☐ Addition

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 Chapter 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.

SIGNATURE: *Leonard N. Quince Jr.*

LEONARD N. QUINCE JR.

CR2E037 (10/02)