2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# 734789

Entity Name: MACEDONIA MISSIONARY BAPTIST CHURCH OF MIAMI, INC.

Current Principal Place of Business:

3515 DOUGLAS RD.
PO BOX 003329
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3515 DOUGLAS RD.
PO BOX 003329
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-1705799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALENTINE, MARK A
4770 BISCAYNE BLVD
MIAMI, FL 33137 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: CD ( ) Delete
Name: BAKER, ANN
Address: 3802 OAK AVE.
City-St-Zip: MIAMI, FL

Title: FSD ( ) Delete
Name: DONALDSON, CAROLYN
Address: 17427 NW 62ND COURT
City-St-Zip: MIAMI, FL 33015

Title: DS ( ) Delete
Name: WHITTLE, LORETTA
Address: 3443 FROW AVE
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: WALLACE, DOROTHY
Address: 12605 SW 93RD AVE
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: LEE, DOROTHY P
Address: 3459 PERCIVAL AVE.
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete
Name: BENTLEY, TWYMAN
Address: 3340 FROW AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: BAKER, ANN
Address: 3802 OAK AVE.
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: WHITTLE, LORETTA
Address: 3443 FROW AVE
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LEE, DOROTHY P
Address: 3459 PERCIVAL AVE.
City-St-Zip: MIAMI, FL 33133

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 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 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: CAROLYN DONALDSON FSD 04/27/2005

Electronic Signature of Signing Officer or Director — Date