

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90136 003 ****70.00

DOCUMENT # 737970

1. Entity Name

**NEW MACEDONIA MISSIONARY BAPTIST CHURCH OF
PAHOKEE, INC.**



Principal Place of Business

**502 BOONE AVENUE
PAHOKEE FL 33476**

Mailing Address

**502 BOONE AVENUE
PAHOKEE FL 33476**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2495759

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARRETT, JOHN H
248 BANYAN AVE
PAHOKEE FL 33476**

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
Due By May 1, 2006**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENNEDY, BOBBY GENE	
STREET ADDRESS	1596 BOONE AVENUE	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	DFS	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LILLIE R	
STREET ADDRESS	555 S. BARFIELD HWY	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, CARL R	
STREET ADDRESS	190 N STATE RD, 715	
CITY-ST-ZIP	PAHOKEE FL 33430	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	GARLAND, DANIEL	
STREET ADDRESS	502 BOONE AVE	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	AT/D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, ROBERT	
STREET ADDRESS	502 BOONE AVE	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Church Secretary / DFS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ALTONIA HEDLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	533 PAHOKEE CIRCLE/PO Box 367	
STREET ADDRESS	PAHOKEE, FL 33476	
CITY-ST-ZIP		
TITLE	CHURCH TREASURER / TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanie Brown	
STREET ADDRESS	PO BOX 419	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Bobby D. Kennedy* PRESIDENT 3/19/2006 662924
2863