

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740968 (3)

1. Corporation Name

MACEDONIA EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business

7305 MUCHINSKI RD.
PO BOX 22789
TAMPA FL 33622-2789

Mailing Address

7305 MUCHINSKI RD.
PO BOX 22789
TAMPA FL 33622-2789

3. Date Incorporated or Qualified
12/07/1977

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAFFER, RONALD L
7305 MUCHINSKI RD.
P.O. BOX 22789
TAMPA FL 33622

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ronald L. Schaffer

(NOTE: Registered Agent signature required when registering)

Ronald L. Schaffer

04-08-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCHAFER, RONALD
STREET ADDRESS 7305 MUSHINSKI RD
CITY-ST-ZIP TAMPA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ST
NAME SCHAFER, MARTHA
STREET ADDRESS 7305 MUSHINSKI RD
CITY-ST-ZIP TAMPA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME RIVERS, ETHEL
STREET ADDRESS 10754 SCOTT MILL RD #14
CITY-ST-ZIP JACKSONVILLE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME REXROTH, REBECCA
STREET ADDRESS 8089 CAPTAIN DRIVE
CITY-ST-ZIP INDIANAPOLIS IN

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VD
NAME SCHAFER, ALFRED W.
STREET ADDRESS 11209 CASTLEBERRY RD
CITY-ST-ZIP ODESSA FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alfred W. Schaffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-96

Daytime Phone #

813 801 1222

CR2E037 (12/95)