

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90027 040 ****70.00

DOCUMENT # 740968

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



2. Principal Place of Business

21 **11415 Hope INTERNATIONAL DRIVE**

Suite, Apt. #, etc.

22

City & State

23 **TAMPA, FLORIDA**

Zip

24 **33625**

Country

25 **USA**

2a. Mailing Address

26 **11415 Hope INTERNATIONAL DRIVE**

Suite, Apt. #, etc.

27

City & State

28 **TAMPA, FLORIDA**

Zip

29 **33625**

Country

30 **USA**

3. Date Incorporated or Qualified

12/07/1977

4. FEI Number

59-1823851

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHAFFER, RONALD L
7305 MUSHINSKI RD.
TAMPA FL 33622

10. Name and Address of New Registered Agent

81 Name **SCHAFFER, RONALD L**
82 Street Address (P.O. Box Number is Not Acceptable)
11407 FAITH CIRCLE
83 **TAMPA, FLORIDA**
84 City **33625**
85 Zip Code **FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SCHAFFER, RONALD**
CITY-ST-ZIP **7305 MUSHINSKI RD**
TAMPA FL

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **SCHAFFER, MARTHA**
CITY-ST-ZIP **7305 MUSHINSKI RD**
TAMPA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **RIVERS, ETHEL**
CITY-ST-ZIP **1500 BISHOP ESTATES RD., VILLA 33-A**
JACKSONVILLE FL

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

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SCHAFFER, ALFRED W.**
CITY-ST-ZIP **11209 CASTLEBERRY RD**
ODESSA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PRESIDENT**
1.3 STREET ADDRESS **SCHAFFER, RONALD L.**
1.4 CITY-ST-ZIP **11407 FAITH CIRCLE**
TAMPA, FLORIDA 33625

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **SECRETARY/TREASURER**
2.3 STREET ADDRESS **SCHAFFER, MARTHA A.**
2.4 CITY-ST-ZIP **11407 FAITH CIRCLE**
TAMPA, FLORIDA 33625

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

MARTHA A. SCHAFFER
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

513-743-9716
Daytime Phone #

CR2F037 (11/98)