

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740968

1. Entity Name

MACEDONIA EVANGELISTIC ASSOCIATION, INC.

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90002 039 ****70.00

Principal Place of Business

Mailing Address

11415 HOPE INTERNATIONAL DR
TAMPA FL 33625
US

11415 HOPE INTERNATIONAL DR
PO BOX 22789
TAMPA FL 33625
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 59-1823851

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAFFER, RONALD L
11407 FAITH CIRCLE
TAMPA FL 33622

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.

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS
CITY-ST-ZIP 11407 FAITH CIRCLE
TAMPA FL 33625 ☐ Delete

TITLE
NAME ST
STREET ADDRESS
CITY-ST-ZIP 11407 FAITH CIRCLE
TAMPA FL 33625 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS
CITY-ST-ZIP 8089 CAPTAIN DRIVE
INDIANAPOLIS IN ☐ Delete

TITLE
NAME VD
STREET ADDRESS
CITY-ST-ZIP 11209 CASTLEBERRY RD
ODESSA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Dexroth, Rebecca
8089 Captain Dr.
Avon, In. 46123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Marchanda Schaffers/T*

al Schaffer — 813-962-1454
8-22-01 513-743-9716

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CR2E037 (5/01)