

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 740968

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** MACEDONIA EVANGELISTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

11415 HOPE INTERNATIONAL DR  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

11415 HOPE INTERNATIONAL DR  
PO BOX 22789  
TAMPA, FL 33625 US

**New Mailing Address:**

**FEI Number:** 59-1823851      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHAFFER, RONALD L  
11407 FAITH CIRCLE  
TAMPA, FL 33622

**Name and Address of New Registered Agent:**

SCHAFFER, ALFRED W.  
11415 HOPE INTERNATIONAL DR.  
TAMPA, FL 33625

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: ALFRED W. SCHAFFER

04/30/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHAFFER, RONALD L  
Address: 11407 FAITH CIRCLE  
City-St-Zip: TAMPA, FL 33625

Title: ST ( ) Delete  
Name: SCHAFFER, MARTHA,  
Address: 11407 FAITH CIRCLE  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: RIVERS, ETHEL,  
Address: 1500 BISHOP ESTATES RD., VILLA 33-A  
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete  
Name: REXROTH, REBECCA  
Address: 8089 CAPTAIN DRIVE  
City-St-Zip: AVON, IN 46123

Title: VD (X) Delete  
Name: SCHAFFER, ALFRED W.,  
Address: 11209 CASTLEBERRY RD  
City-St-Zip: ODESSA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHAFFER, ALFRED W  
Address: 11415 HOPE INTERNATIONAL DR.  
City-St-Zip: TAMPA, FL 33625

Title: VD (X) Change ( ) Addition  
Name: CROPPER, TONY,  
Address: 11415 HOPE INTERNATIONAL DR.  
City-St-Zip: TAMPA, FL 33625

Title: ST (X) Change ( ) Addition  
Name: GEIST, DANNY,  
Address: 11415 HOPE INTERNATIONAL DR.  
City-St-Zip: TAMPA, FL 33625

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

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: ALFRED W. SCHAFFER

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date