

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90059 008 ****70.00

DOCUMENT # 747019

1. Corporation Name

MACEDONIA CHURCH OF DELIVERANCE, INC.

Principal Place of Business

1334 WALNUT STREET
JACKSONVILLE FL 32206-5142

Mailing Address

1334 WALNUT STREET
JACKSONVILLE FL 32206-5142



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/02/1979

4. FEI Number

59-1917911

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

ADDISON, FRANCES T.
6918 W. VIRGINIA AVE.
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

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

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 PD
NAME ADDISON, FRANCES T.
STREET ADDRESS 6918 W. VIRGINIA AVE.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE SD
NAME TROTTER, JOHN C.
STREET ADDRESS 230 E. FIRST ST.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE TD
NAME WARREN, RUBY
STREET ADDRESS 1764 E. 30TH ST.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE D
NAME SIMS, NAOMI
STREET ADDRESS 9050 NORFOLK BLVD APT #211 S
CITY-STATE-ZIP JACKSONVILLE FL

TITLE D
NAME ADDISON, MALVIN S
STREET ADDRESS 6918 W. VIRGINIA AVE.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Frances T. Addison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99

CR2E037 (11/98)