**FILE NOW: FILING FEE IS $61.25**

Amending 1999 Annual Report

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 OCT -7 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747019

1. Corporation Name
Macedonia Church of Deliverance, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 1334 Walnut Street<br>Jacksonville, Florida 32206 | 1334 Walnut Street<br>Jacksonville, Florida 32206 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 1334 Walnut Street | 26 1334 Walnut Street | May 2, 1979 |
| Suite, Apt. #, etc. 22 – | Suite, Apt. #, etc. 27 – | 4. FEI Number 59-1917911 ☐ Applied For ☐ Not Applicable |
| City & State 23 Jacksonville FL. 32206 | City & State 28 Jacksonville, FL. | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 32206 Country 25 USA | Zip 29 32206 Country 30 USA | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Frances T. Addison<br>6918 W. Virginia Avenue<br>Jacksonville, Florida 32209 | 81 Name Theresa T. Smith<br>82 Street Address (P.O. Box Number is Not Acceptable) 306 E. 6th Street<br>83 –<br>84 City JACKSONVILLE, FL 85 Zip Code 32206 |

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 Theresa T. Smith Theresa T. Smith September 30, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President / Director<br>Frances T. Addison<br>6918 W. Virginia Avenue<br>Jacksonville, Florida 32209 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>David Smith<br>306 E. 6th Street<br>Jacksonville, FL. 32206 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary Director<br>John Trotter<br>230 E. 1st Street<br>Jacksonville, FL. 32206 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | SD, TD, D<br>Theresa T. Smith<br>306 E. 6th Street<br>Jacksonville, FL. 32206 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer Director<br>Ruby Warren<br>1764 E. 30th Street<br>Jacksonville, FL. 32206 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | CD<br>Charles R. Corbitt<br>6775 Gasper Circle East<br>Jacksonville, FL. 32219 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Naomi Sims<br>4050 Norfolk Blvd. #211-S<br>Jacksonville, FL. | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>Henry Simmons SR.<br>119 W. 44th Street<br>Jacksonville, FL. 3220 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Malvin Addison<br>6918 W. Virginia Avenue<br>Jacksonville, FL. 32209 | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | 600003016256--8<br>-10/15/99--01065--002<br>*****61.25 *****61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | KE | ☐ Change ☐ Addition |

CR2E037 (11/98)

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:** Theresa T. Smith Theresa T. Smith - September 30, 1999 - (904) 475-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary Treasurer Director