

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747019

1. Entity Name

MACEDONIA CHURCH OF DELIVERANCE, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90291 005 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1334 WALNUT STREET  
 JACKSONVILLE FL 32206-5142

1334 WALNUT STREET  
 JACKSONVILLE FL 32206-5142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1917911

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, THERESA T  
 306 E. 6TH STREET  
 JACKSONVILLE FL 32206

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

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          | PD                      | <input type="checkbox"/> Delete |
| NAME           | SMITH, DAVID            |                                 |
| STREET ADDRESS | 306 E. 6TH STREET       |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32206   |                                 |
| TITLE          | SDTD                    | <input type="checkbox"/> Delete |
| NAME           | SMITH, THERESA T.       |                                 |
| STREET ADDRESS | 306 E. 6TH STREET       |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32206   |                                 |
| TITLE          | CD                      | <input type="checkbox"/> Delete |
| NAME           | CORBITT, CHARLES R      |                                 |
| STREET ADDRESS | 6775 GASPER CIRCLE EAST |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32219   |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | SIMMONS, HENRY SR.      |                                 |
| STREET ADDRESS | 119 W. 44TH STREET      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32206   |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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: *Theresa Smith* (Theresa Smith) April 27, 2000 (904) 475-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)