

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90053 044 \*\*\*\*\*70.00

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**DOCUMENT # 747019**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1917911**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Theresa T. Smith*

*4/27/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	306 E. 6TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VSDT	<input type="checkbox"/> Delete
NAME	SMITH, THERESA T	
STREET ADDRESS	306 E. 6TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CORBITT, CHARLES R	
STREET ADDRESS	6775 GASPER CIRCLE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, HENRY SR.	
STREET ADDRESS	119 W. 44TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TROTTER, JOHN	
STREET ADDRESS	1334 WALNUT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tamaris Taylor	
STREET ADDRESS	1334 Walnut Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terian Williams	
STREET ADDRESS	1334 Walnut Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tiara Smith	
STREET ADDRESS	1334 Walnut Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	VSDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Theresa	
STREET ADDRESS	1334 Walnut Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
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 T. Smith*

*4/26/03*

*904-475-1500*

CR2E037 (10/02)