

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757735

FILED
Jan 30, 2005
Secretary of State

Entity Name: MACEDONIA MISSIONARY BAPTIST CHURCH OF SAFETY HARBOR, INC.

Current Principal Place of Business:

709-BUTLER STREET
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 692
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3181149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ARTHUR L. (REV)
6950 7 ST SOUTH
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMITH, ARTHUR L.(PAS, TOR)
Address: 6950 7TH ST. S.
City-St-Zip: ST. PETE., FL 33705

Title: TD () Delete
Name: HERRING, PAUL D.,
Address: 802 BOOTH STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: GRAY, GLORIA,
Address: 675 PINE STREET
City-St-Zip: SAFETY HARBOR, FL

Title: D () Delete
Name: MOODY, DELORES,
Address: 702 BUTLER ST.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: HERRING, IVORY
Address: 802 BOOTH STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: GRAY, WAYMON
Address: 675 PINE ST.
City-St-Zip: SAFETY HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RE. ARTHUR L. SMITH

D/P

01/30/2005

Electronic Signature of Signing Officer or Director

Date