


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 757735 1. Entity Name MACEDONIA MISSIONARY BAPTIST CHURCH OF SAFETY HARBOR, INC.	
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Principal Place of Business 709-BUTLER STREET SAFETY HARBOR, FL 34695	Mailing Address P. O. BOX 692 SAFETY HARBOR, FL 34695
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02092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number 59-3181149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, ARTHUR L.(PASTOR) 6950 7TH ST. S. ST. PETE., FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRING, PAUL D. 802 BOOTH STREET SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, GLORIA 675 PINE STREET SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, DELORES 702 BUTLER ST. SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERRING, IVORY 802 BOOTH STREET SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, WAYMON 675 PINE ST. SAFETY HARBOR, FL

1000000440115
03/02/06-80028-006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Arthur L. Smith

Date

2/12/06 (727) 724-8790

Daytime Phone #