

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # NQQ000005966

1. Entity Name
GREATER MACEDONIA PRIMITIVE BAPTIST CHURCH,
INC.



Principal Place of Business

607 PALMETTO STREET
BOWLING GREEN, FL 33834

Mailing Address

POST OFFICE BOX 1149
BOWLING GREEN, FL 33834-1149



01272004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-1040648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WRIGHT, ELDER BERNARD
530 GROVE STREET
BOWLING GREEN, FL 33834

**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

Edna Bernard Wright

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

(NOTE: Registered Agent signature required when reinstating)

3-28-04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000100698
04/01/04-80017-015 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME WRIGHT, ELDER BERNARD
STREET ADDRESS 530 GROVE STREET
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE S
NAME BARNES, BARBARA
STREET ADDRESS 635 ORANGE STREET
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE V
NAME ROSS, DEWAYNE
STREET ADDRESS 4905 DIXIANA DRIVE
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE T
NAME ROSS, THELMA
STREET ADDRESS 4905 DIXIANA DRIVE
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Edna Bernard Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-04 (863)255-3170

Date

Daytime Phone #