

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90291 017 \*\*\*\*61.25

**DOCUMENT # N00000005966**

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**



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

**65-1040648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**BETTY SNELLING**

Street Address (P.O. Box Number is Not Acceptable)

**5212 SNELLING AVE.**

**BOWLING GREEN**

**BOWLING GREEN**

**FL**

Zip Code

**33834**

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

*Betty L. Snelling*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-05-06**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	WRIGHT, ELDER BERNARD	
STREET ADDRESS	530 GROVE STREET	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARNES, BARBARA	
STREET ADDRESS	635 ORANGE STREET	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSS, THELMA	
STREET ADDRESS	4905 DIXIANA DRIVE	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 exemptions contained in Section 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:

*Elder Bernard Wright*

**ELDER**

**BERNARD WRIGHT**

Date

Daytime Phone #

**4-05-06 (863) 399-0616**