## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004185

FILED Jun 25, 2009 Secretary of State

Entity Name: MACEDONIA MISSIONARY BAPTIST CHURCH OF POLK CITY, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
636 SMIT POLK CIT	H RD. TY, FL 33868	
Current I	Mailing Address:	New Mailing Address:
636 SMIT POLK CIT	H RD. TY, FL 33868	
In accorda	r: 42-1528346 FEI Number Applied For ( nce with s. 607.193(2)(b), F.S., the corporation d Address of Current Registered Age	did not receive the prior notice.
DAVIS, JA 636 SMIT		
POLK CIT	11,12 00000 00	
The abov		r the purpose of changing its registered office or registered agent, or both,
The abovein the Stat	e named entity submits this statement for te of Florida.	r the purpose of changing its registered office or registered agent, or both,
The abovein the Stat	e named entity submits this statement for te of Florida.	
The above in the State SIGNATU	e named entity submits this statement for te of Florida. JRE:	
The abovin the Star SIGNATU OFFICER Title: Name: Address:	e named entity submits this statement for the of Florida.  JRE:  Electronic Signature of Registere  RS AND DIRECTORS:  D () Delete BYRD, CLIFFORD 626 SMITH RD.	ed Agent Date
The abovin the States	e named entity submits this statement for te of Florida.  JRE:  Electronic Signature of Registere  RS AND DIRECTORS:  D () Delete BYRD, CLIFFORD 626 SMITH RD. POLK CITY, FL 33868  T () Delete DAVIS, JAMES 636 SMITH RD.	ed Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES DAVIS T 06/25/2009