

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004185

FILED
Mar 03, 2012
Secretary of State

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

Current Principal Place of Business:

636 SMITH RD.
POLK CITY, FL 33868 US

New Principal Place of Business:

Current Mailing Address:

636 SMITH RD.
POLK CITY, FL 33868 US

New Mailing Address:

FEI Number: 42-1528346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, JAMES
626 SMITH RD.
POLK CITY, FL 33868 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: D
Name: BYRD, CLIFFORD L
Address: 619 SMITH RD.
City-St-Zip: POLK CITY, FL 33868 US

Title: D
Name: DAVIS, JAMES
Address: 626 SMITH RD.
City-St-Zip: POLK CITY, FL 33868 US

Title: D
Name: BROWN, MENDELL S
Address: 710 SMITH ROAD
City-St-Zip: POLK CITY, FL 33868 US

Title: D
Name: DAVIS, SHARON D
Address: 626 SMITH ROAD
City-St-Zip: POLK CITY, FL 33868 US

Title: D
Name: BYRD, DEBORIA D
Address: 619 SMITH ROAD
City-St-Zip: POLK CITY, FL 33868 US

Title: D
Name: ANDERSON, LUCY A
Address: 405 SUNRISE BLVD
City-St-Zip: POLK CITY, FL 33868 US

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD L BYRD

D

03/03/2012

Electronic Signature of Signing Officer or Director

Date