

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

0003349

**DOCUMENT # N01000005281**

1. Entity Name

**MACEDONIA AGAPE DEVELOPMENT VISION CORPORATION**

Principal Place of Business

**1800 W. EDGEWOOD AVE.  
 JACKSONVILLE FL 32208**

Mailing Address

**1800 W. EDGEWOOD AVE.  
 JACKSONVILLE FL 32208**

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, LONDON L.  
 1800 W. EDGEWOOD AVE.  
 JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LONDON L SR.	
STREET ADDRESS	1800 W. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAVERY, WILLIE	
STREET ADDRESS	1800 W. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WELLS, VERDELL	
STREET ADDRESS	1800 W. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, LORRAINE	
STREET ADDRESS	1800 W. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, THOMAS	
STREET ADDRESS	1324 E. 31ST ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	WALKER, DWAYNE	
STREET ADDRESS	1800 W. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

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 exemption stated in Section 119.07(3)(i), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 904 764  
 9257  
 Date Daytime Phone #

CR2E037 (9/01)