

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

01-22-2003 90162 006 ****70.00

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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**
82-0587798

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLIAMS, LONDON L SR.
1800 W. EDGEWOOD AVE.
JACKSONVILLE FL 32208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AVERY, WILLIE
1800 W. EDGEWOOD AVE.
JACKSONVILLE FL 32208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WELLS, VERDELL
1800 W. EDGEWOOD AVE.
JACKSONVILLE FL 32208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WILLIAMS, LORRAINE
1800 W. EDGEWOOD AVE.
JACKSONVILLE FL 32208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 11/4/03 (9001) 7699287

Date

Daytime Phone #

CR2E037 (10/02)