

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90026 021 \*\*\*\*61.25

**DOCUMENT # N02000001179**

1. Entity Name  
**NEW MACEDONIA COMMUNITY CENTER, INC.**



Principal Place of Business  
**2201 SW 48TH AVE.  
HOLLYWOOD, FL 33023**

Mailing Address  
**2201 SW 48TH AVE.  
HOLLYWOOD, FL 33023**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**01-0642586**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**JONES, VERNELL  
2201 SW 48TH AVE.  
HOLLYWOOD, FL 33023**

## 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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	D	<input type="checkbox"/> Delete
NAME	STEVENS, ERNEST	
STREET ADDRESS	3430 NW 173RD TER	
CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, VERNELL	
STREET ADDRESS	2633 FLETCHER CT.	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, CYNTHIA L	
STREET ADDRESS	5140 SW 22ND CT.	
CITY-ST-ZIP	WEST HOLLYWOOD, FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BILLY	
STREET ADDRESS	2657 FLETCHER ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JACE	
STREET ADDRESS	5440 SW 20TH ST.	
CITY-ST-ZIP	WEST HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Wilson	
STREET ADDRESS	18801 N.W. 8th	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cecil Gilbert	
STREET ADDRESS	4448 S.W. 18th St.	
CITY-ST-ZIP	West Park, Fla. 33023	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie C. Macord	
STREET ADDRESS	2431 S.W. 48th Ave.	
CITY-ST-ZIP	West Park, Fla. 33023	
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 Chapter 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:** *Vernell Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #