2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N02000001179

Entity Name: NEW MACEDONIA COMMUNITY CENTER, INC.

Current Principal Place of Business:

2201 SW 48TH AVE.
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

2201 SW 48TH AVE.
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 01-0642586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, VERNELL
2201 SW 48TH AVE.
HOLLYWOOD, FL 33023 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 ( ) Delete
Name: STEVENS, ERNEST
Address: 3430 NW 173RD TER
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: JONES, VERNELL
Address: 2633 FLETCHER CT.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: MURRAY, CYNTHIA L
Address: 5140 SW 22ND CT.
City-St-Zip: WEST HOLLYWOOD, FL 33023

Title: D ( ) Delete
Name: WILSON, ANDREW
Address: 18801 N.W. 8 CT.
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: DAVIS, JACE
Address: 5440 SW 20TH ST.
City-St-Zip: WEST HOLLYWOOD, FL 33023

Title: D ( ) Delete
Name: GILBERT, CECIL
Address: 4448 S.W. 18TH ST.
City-St-Zip: WEST PARK, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VERNELL JONES D 04/26/2009

Electronic Signature of Signing Officer or Director — Date