2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/3/2004-90005-017-$61.25-$61.25

FILED
04 SEP 22 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009314

1. Entity Name
NEW MACEDONIA WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
1467 NW 98TH STREET MIAMI, FL 33147	1467 NW 98TH STREET MIAMI, FL 33147

2. Principal Place of Business	3. Mailing Address
9250 NW 17th Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fla	City & State
Zip: 33147 Country: Dade	Zip / Country

08272004 Chg-NP CR2E037 (10/03)

4. FEI Number: 30-015-7225 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGRIFF, DENISE 9250 NW 17TH AVENUE MIAMI, FL 33147	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: Denise McGriff 8/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGRIFF, CHARLIE 9250 NW 17TH AVENUE MIAMI, FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCGRIFF, DENISE 9250 NW 17TH AVENUE MIAMI, FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERMAN, EMILY 8231 NW 14TH PLACE MIAMI, FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, KAY 1899 NW 87TH STREET MIAMI, FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JAMES 9250 NW 17TH AVENUE MIAMI, FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: Charlie McGriff Charlie McGriff 8/30/04 786-318-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #