# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2005**
**Secretary of State**

DOCUMENT# N02000009314

**Entity Name:** NEW MACEDONIA WORSHIP CENTER, INC.

**Current Principal Place of Business:**

9250 NW 17TH AVE
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

1467 NW 98TH STREET
MIAMI, FL 33147

**New Mailing Address:**

**FEI Number: 30-0157225** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

MCGRIFF, DENISE
9250 NW 17TH AVENUE
MIAMI, FL 33147 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: PD ( ) Delete
Name: MCGRIFF, CHARLIE
Address: 9250 NW 17TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: VD ( ) Delete
Name: MCGRIFF, DENISE
Address: 9250 NW 17TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: GERMAN, EMILY
Address: 8231 NW 14TH PLACE
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: SMITH, KAY
Address: 1899 NW 87TH STREET
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: WILLIAMS, JAMES
Address: 9250 NW 17TH AVENUE
City-St-Zip: MIAMI, FL 33147

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLIE MCGRIFF PD 05/01/2005

Electronic Signature of Signing Officer or Director — Date