

**ANNUAL REPORT (AR)****DOCUMENT # N04000006974**

1. Entity Name

**NEW MACEDONIA HOUSE OF PRAYER INC.****FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

Mailing Address

**309 NW 3RD AVE  
DELRAY BEACH FL 33444****309 NW 3RD AVE  
DELRAY BEACH FL 33444**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City &amp; State

City &amp; State

4. FEI Number

**NO-T APPLICABLE**

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

7. Name and Address of New Registered Agent

**COLLINS, WILLIE MAE  
309 NW 3RD AVE  
DELRAY BEACH FL 33444**

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 resigning)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	EUSTACHE, LENIDA	
STREET ADDRESS	APT 32 DIXIE MANOR	
CITY- ST- ZIP	BOCA RATON FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000628905
CITY- ST- ZIP	02/16/07-80038-005-61.25

TITLE	T	<input type="checkbox"/> Delete
NAME	DAVALOS, CASSANDRA	
STREET ADDRESS	309 NW 3RD AVE	
CITY- ST- ZIP	DELRAY BEACH FL 33444	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	

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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 Section 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: *Willie Mae Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-05-07

Date

561  
201-1883

Daytime Phone #