2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jul 24, 2007 08:00 AM DOCUMENT # N05000003231 1. Entity Name **Secretary of State** MACEDONIA AME CHURCH INC. Principal Place of Business Mailing Address 128 NORTHEAST 11TH STREET 128 NORTHEAST 11TH STREET **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 2nd MOORE CR2E037 (4/07) City & State Applied For City & State 4. FEI Number 50-0292034 Not Applicable Zιο Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBURY, LAURA J Street Address (P.O. Box Number is Not Acceptable) 577 UDELL LN DELRAY BEACH FL 33445 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 5, 2007 Added to Fees Florida Department of State 影響等這樣的影響的這個 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete RILE IIII F ☐ Change Addition COOPER, WILLIAM E JR NAME NAME UQ0000770215 07/24/07-80007-002 61.25 STREET ADDRESS 6543 SPRING MEADOW DR STREET ADDRESS WEST PALM BEACH FL 33413 CITY: ST-ZIP CITY-ST-7IP THILE Delete Tillif Change Addition ALBURY, LAURA J NAME NAME 577 UDELL LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP ☐ Delete TITLE TITLE Change | □ Addition NAME MARTIN, VERONICA NAME 3231 NORTHWEST 18TH STREET STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33410 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition OVERSTREET, DOROTHY STREET ADDRESS 621 NORTHWEST 1ST TERRACE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.