2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State
09-11-2007 90006 002 ****61.25

DOCUMENT # N05000005012

1. Entity Name
MACEDONIA MISSIONARY BAPTIST CHURCH OF STUART FLORIDA, INC.

Principal Place of Business	Mailing Address
821 SE BAHAMA AVE STUART, FL 34994	P.O. BOX 1888 STUART, FL 34995

09042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1986132 ☐ 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
ANDREWS, LARRY D 2525 AVENUE M RIVIERA BEACH, FL 33404	Name: NATHANIEL E. GREEN, ESQ Street Address (P.O. Box Number is Not Acceptable): 1000 EAST ATLANTIC Blvd STE. 204 City: POMPANO BEACH FL Zip Code: 33060

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 _____ 9-7-07
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 14, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, JAMES 1317 NW CHARLIE GREEN DR STUART, FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MC CARTHY, ISSAC 235 NW CHARLIE GREEN TERRACE STUART, FLORIDA 34994	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COOPER, ALBERT 906 E 9TH ST STUART, FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAZELTON, WILLA M. 462 SE CORK ROAD PORT SAINT LUCIE, FL 34984	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COOPER, JOSEPH S 3526 SW SAWGRASS VILLA DRIVE PALM CITY, FL 34990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JAMISON, MAPLE 1612 ARAPAHO AVENUE STUART, FL 34994	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARTER, MARVIN 725 BAHAMA AVE STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARTER, MARVIN 725 BAHAMA AVENUE STUART, FL 34994	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUTLER, THOMAS 912 SE TARPON AVE STUART, FL 34994	☐ 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 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.

SIGNATURE: Marvin Carter 9-5-07 954-946-2752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #