

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010143

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** MACEDONIA'S COMMUNITY OUTREACH MINISTRIES OF STUART FLORIDA, INC.

**Current Principal Place of Business:**

821 SE BAHAMA AVENUE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

821 SE BAHAMA AVENUE  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 02-0750112      **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:**

ANDREWS, LARRY D PASTOR  
2525 AVENUE "M"  
RIVIERA BEACH, FL 33404      US

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

ANDREWS, LARRY D PASTOR  
2525 AVENUE  
RIVIERA BEACH, FL 33404      US

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: \_\_\_\_\_

05/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ANDREWS, LARRY D  
Address: 2525 AVENUE  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D      ( ) Delete  
Name: COOPER, ALBERT  
Address: 906 SE 9TH STREET  
City-St-Zip: STUART, FL 34994

Title: D      ( ) Delete  
Name: WILLIAMS, JAMES  
Address: 1317 NW CHARLIE GREEN DRIVE  
City-St-Zip: STUART, FL 34994

Title: D      ( ) Delete  
Name: CARTER, MARVIN  
Address: 725 SE BAHAMA AVENUE  
City-St-Zip: STUART, FL 34994

Title: D      ( ) Delete  
Name: MCCARTHY, ISAAC  
Address: 235 NW CHARLIE GREEN TERRACE  
City-St-Zip: STUART, FL 34994

Title: D      ( ) Delete  
Name: COOPER, JOSEPH S  
Address: 906 SE 9TH STREET  
City-St-Zip: STUART, FL 34994

**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:

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 Chapter 119, 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: LARRY D. ANDREWS

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date