

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010143

FILED  
Apr 29, 2008  
Secretary of State

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

**Current Principal Place of Business:**

813 SE BAHAMA AVE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

813 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 ( )**

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

GREEN, NATHANIEL E ESQ.  
2000 EAST ATLANTIC BLVD  
SUITE #204  
POMPAÑO BEACH, FL 33060 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: P ( ) Delete  
Name: BROWN, BRENDA  
Address: 813 SE BAHAMA AVENUE  
City-St-Zip: STUART, FL 34994

Title: S ( ) Delete  
Name: FRANKLIN, CARLETTA  
Address: 510 FLORIDA AVENUE  
City-St-Zip: STUART, FL 34994

Title: T ( ) Delete  
Name: GREEN, HATTIE  
Address: 1623 ARAPAHO AVENUE  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ANDREWS, LARRY D  
Address: 4653 SE FIELD STREET  
City-St-Zip: STUART, FL 34997

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 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

REV

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date