2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # N06000000858 1. Entity Name
GREATER MACEDONIA CHURCH MINISTRIES
INCORPORATED

FILED

Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90071 012 ****61.25

| | | | | - 1 | (a) | i | | | | | |
|--|---|--------------------------|--|-----------------|--|--------------------------------|-----------------------|---------------------------------------|------------------------------|-----------------------------------|--|
| Principal Place of Business 608 1ST AVE. WAVERLY, FL 33877 | | P.O. E | Mailing Address P.O. BOX 59 WAVERLY, FL 33877 | | | 1 200711021 00 0 | Inna ann anth San de | תו ולה הוולה מו ולה מח | 11 171701 171701 10 1 | 111 0 i d i: 1 0 37 | |
| Principal Place of Business - No P.O. Box # 3. Mailing Add | | | | ddress | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 03172008 | Chg-NP | CR2E03 | 7 (12/06) | | |
| City & State | 9 | City & State | | | | 4. FEI Number | | | | · | |
| Zip | Country | Zip | <u></u> | Country | | <u> </u> | of Status Desired | | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Curren | t Registere | d Agent | | | 7. Name and | Address of New | Registered A | gent | | |
| PLIPOV P | A III — — . | | | l N | Name | | | | | | |
| PURDY, PAUL ———————————————————————————————————— | | | | St | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | Ci | ty | | | FL | Zip Code | e | |
| 9. The above | named entity submits this statement | for the pure | no of changing its | registered of | lico or rogiete | red propt or both | in the Crate of E | | | and aggest | |
| | ions of registered agent. | ior ine purpo | ise of Changing its | registered or | nce or registe | neu agent, or both | i, iii die State Oi C | ionua, rami | arrierar wiers, | and accept | |
| - | | | | | | | | | | | |
| SIGNATURE . | | | | | | | | | | | |
| GIOTATION E | Signature, typed or printed name of registered ager | nt and title if appl | icable. (NOTE | Registered Ager | t signature require | d when reinstating) | | DATE | | | |
| | | | | | | | 1 | | | | |
| | Filing Fee is \$61.25 | - | Election Can Trust Fund C | | cing 🗆 | \$5.00 May Be Added to Fees | | Wake check vida Depart | | | |
| | Due by May 1, 2008 | | | | | | | | | | |
| 10. | OFFICERS AND D | IRECTORS | | 11. | | ADDITIONS/CHA | NGES TO OFFIC | ERS AND DIF | | | |
| TITLE | TP | | Delete | TITLE | | | | | Change | Addition | |
| NAME | STOUDEMIRE, EARNEST | | | NAME | ·· ·· | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 2455 LISA ST. LAKE WALES, FL 33853 | | | STREET ADI | 1 | | | | | | |
| | | . | | - | - | | | · · · · · · · · · · · · · · · · · · · | — | | |
| TITLE NAME | CT DISPOV DALII | | ☐ Delete | TITLE NAME | | | | | Change | Addition | |
| STREET ADDRESS | PURDY, PAUL 154 ALLEY LANE | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | WAVERLY, FL 33877 | | | CITY-ST-Z | | | | | | | |
| TITLE | s | | ☐ Delete | IIILE | <u> </u> | | | | ☐ Change | ☐ Addition | |
| NAME | PURDY, BARBARA | | TT Deserte | NAME | | | | | ☐ Glade | TT VOCETION | |
| STREET ADDRESS | 154 ALLEY LANE | | | STREET AD | DRESS | | | | | | |
| CITY-ST-ZIP | WAVERLY, FL 33877 | | | CITY-ST-Z | P | | | | | | |
| TITLE | Т | | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME | DAVIS, CLIFFORD JR. | | | NAME | | | | | _ • | | |
| STREET ADDRESS | 411 PEARL ST. | | | STREET AD | DRESS | | | | | | |
| CITY-ST-ZIP | LAKE WALES, FL 33853 | | | CITY-ST-2 | IP | | | | | | |
| TITLE | т | | Delete | TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | WALKER, VINCENT | | | NAME | | | | | | | |
| STREET ADDRESS | 800 15TH ST. SW | | | STREET AD | 1 | | | | | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 | | | CITY-ST-Z | P | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | | Change | Addition | |
| NAME | | | | NAME | | | | | | | |
| STREET ADDRESS City-St-Zip | | | | STREET AD | - 1 | | | | | | |
| | - actif of the Ather Information | ith this file: | da | | | d in Observation | Florida Partida | I formation and a | E. 45 - 2 - 2 - 2 | | |
| | certify that the information supplied w | uri mue fill ió á | CODE DOLGISHED TO | r ina avamit\t | ruie containe | n in ichanter 119 | PROTITO STOTISTED | I HIMBOL CONT | | つきこうどうかつ つきしさんご | |

Inderedy certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that he 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.

GNATURE:

4-23 08

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COULL AT PUNCHES CHARLES OF SEGNOPES OFF NO OFFICER OR DIRECTOR

Daytime Phone #