

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001446

FILED
Jan 31, 2009
Secretary of State

Entity Name: MACEDONIAN BAPTIST CHURCH IN CHRIST, INC.

Current Principal Place of Business:

917 CODY ROAD
BABSON PARK, FL 33827

New Principal Place of Business:

Current Mailing Address:

917 CODY ROAD
BABSON PARK, FL 33827

New Mailing Address:

PO BOX 84
BABSON PARK, FL 33827

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATMORE, JOHNNIE MAE
715 DRAWDY ROAD
BOBSON PARK, FL 33827 US

Name and Address of New Registered Agent:

ATMORE, JOHNNIE MAE
715 DRAWDY ROAD
BABSON PARK, FL 33827 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: JOHNNIE MAE ATMORE

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HEATH DOROTHY,
Address: 137 3RD AVEUNE
City-St-Zip: BABSON PARK, FL 33827

Title: T () Delete
Name: ATMORE, RONNIE
Address: 939 LINDUS ROAD
City-St-Zip: BABSON PARK, FL 33827

Title: T () Delete
Name: ATMORE, AMTHONY
Address: 715 DEAWDY ROAD
City-St-Zip: BABSON PARK, FL 33827

Title: FS (X) Delete
Name: ATMORE, JOHNNIE M
Address: 715 DRAWDY ROAD
City-St-Zip: BABSON PARK, FL 33827

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:

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: JOHNNIE MAE ATMORE

RA

01/31/2009

Electronic Signature of Signing Officer or Director

Date