


# 2015 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

15 OCT 16 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N06000001446</b> 1. Entity Name GREATER MACEDONIA CHURCH IN CHRIST, INC.					
Principal Place of Business 925 CODY ROAD BABSON PARK, FL 33827			Mailing Address PO BOX 84 BABSON PARK, FL 33827		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0921800	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DONALDSON, CABRINA D 13208 PARTRIDGE RUN DR. LAKE WALES, FL 33859				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 <u>Cabrina D Donaldson</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2016, Fee will be \$297.50</b>			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ATMORE, RONNIE	NAME	500278183895		
STREET ADDRESS	939 LINDUS ROAD	STREET ADDRESS	10/16/15--01019--009 **245.00		
CITY-ST-ZIP	BABSON PARK, FL 33827	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOCKLEY, QUEENIE	NAME			
STREET ADDRESS	864 CODY RD	STREET ADDRESS			
CITY-ST-ZIP	BABSON PARK, FL 33827	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMMONS, URSULA T	NAME			
STREET ADDRESS	135 3RD AVE	STREET ADDRESS			
CITY-ST-ZIP	BABSON PARK, FL 33827	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Ursula Simmons 10/16/15</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS</small>					

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