

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000003802

1. Entity Name  
MACEDONIA COMMUNITY DEVELOPMENT  
CORPORATION



Principal Place of Business  
603 MARTIN LUTHER KING JR., AVENUE  
CRESTVIEW, FL 32536

Mailing Address  
603 MARTIN LUTHER KING JR., AVENUE  
CRESTVIEW, FL 32536

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4479372

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JONES, LEROY JR.  
603 MARTIN LUTHER KING JR., AVENUE  
CRESTVIEW, FL 32536

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000955413  
07/17/08-80002-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
BAGGETT, DWIGHT  
1212 VALLEY ROAD  
CRESTVIEW, FL 32539

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
ALLEN, NATHANIEL  
3269 ANDY LANE  
CRESTVIEW, FL 32539

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
SHEPHERD, BRIAN  
197 WEST FIRST STREET  
CRESTVIEW, FL 32539

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
JONES, LEROY JR.  
532 RISEN STAR DRIVE  
CRESTVIEW, FL 32539

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GRAVES, LUCY  
510 VULPES SANCTUARY LP  
CRESTVIEW, FL 32536

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jul 08

Date

850/682-8630

Daytime Phone #