

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007294

FILED
Feb 15, 2008
Secretary of State

Entity Name: MACEDONIA MISSIONARY BAPTIST CHURCH OF PANAMA CITY, INC.

Current Principal Place of Business:

715 MARTIN LUTHER KING JR. BLVD
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

2623 EAST 37TH STREET
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-2664696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, ALVIN
2623 EAST 37TH STREET
PANAMA CITY, FL 32405 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: PD () Delete
Name: MYERS, TIMOTHY
Address: 7307 RODGERS DRIVE
City-St-Zip: CALLAWAY, FL 32404

Title: VPD () Delete
Name: PREYER, WILLIE J
Address: 113 ARLINGTON DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: SD () Delete
Name: DAVIS, JOHNNIE
Address: 2241 AMHERST STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: BOWERS, THOMAS
Address: 1338 LINCOLN DRIVE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD () Delete
Name: EDWARDS, ALVIN
Address: 2623 EAST 37TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: GLASS, TOMMY
Address: 921 NORTH CENTER AVENUE
City-St-Zip: PANAMA CITY, FL 32401

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
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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: ALVIN EDWARDS

TD

02/15/2008

Electronic Signature of Signing Officer or Director

Date