

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009207

FILED
Apr 29, 2009
Secretary of State

Entity Name: MACEDONIA COMMUNITY DEVELOPMENT CORPORATION OF SOUTH BREVARD

Current Principal Place of Business:

2729 LIPSCOMB STREET
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 482
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 26-0898933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEA, RAY S
2729 LIPSCOMB STREET
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

LEA, RAY S
927 WHISPERPINE DR.
MELBOURNE, FL 32901 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEA, RAY S
Address: 927 WHISPERPINE DEIVE
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: PHILIPS, JERRY
Address: 1069 PINEAPPLE STREET NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: TILLMAN, ROSA
Address: 417 BINNEY STREET NE
City-St-Zip: PALM BAY, FL 32907

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: PHILLIPS, RAY S
Address: 1069 PINEAPPLE STREET NE
City-St-Zip: PALM BAY, FL 32905

Title: VP/D (X) Change () Addition
Name: LEA, RAY S
Address: 927 WHISPERPINE DR.
City-St-Zip: MELBOURNE, FL 32901

Title: T/D (X) Change () Addition
Name: TILLMAN, ROSA
Address: 417 BINNEY STREET NE
City-St-Zip: PALM BAY, FL 32907

Title: S/D () Change (X) Addition
Name: JONES, HERB
Address: 736 HAFTEZ ST. NE
City-St-Zip: PALM BAY, FL 32907

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: RAY S. LEA

VP/D

04/29/2009

Electronic Signature of Signing Officer or Director

Date