

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001491

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** MACEDONIA MISSIONARY BAPTIST CHURCH, A DOMESTIC NON-PROFIT CORPORATION

**Current Principal Place of Business:**

603 MARTIN LUTHER KING ST.  
CRESTVIEW, FL

**New Principal Place of Business:**

603 MARTIN LUTHER KING ST.  
CRESTVIEW, FL 32536 US

**Current Mailing Address:**

P. O. BOX 194  
CRESTVIEW, FL 32536

**New Mailing Address:**

P. O. BOX 194  
CRESTVIEW, FL 32536 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAGGETT, DWIGHT  
603 MARTIN LUTHER KING ST.  
CRESTVIEW, FL US

**Name and Address of New Registered Agent:**

BAGGETT, DWIGHT  
603 MARTIN LUTHER KING ST.  
CRESTVIEW, FL 32536 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: DWIGHT BAGGETT

03/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BAGGETT, DWIGHT  
Address: 201 MAIN ST.  
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete  
Name: MEANS, JAMES  
Address: 221 SOUTH LINCOLN ST.  
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete  
Name: BURKE, JOHNNY  
Address: 726 BLAKELY AVE.  
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete  
Name: JERNIGAN, DONALD  
Address: 6018 APALOOSA LANE  
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete  
Name: WESTBROOK, CARL  
Address: 707 W. WALNUT AVE.  
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete  
Name: WHITE, J.D. JR.  
Address: 925 S. MCCLELLAND ST.  
City-St-Zip: CRESTVIEW, FL 32536

**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:

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: DWIGHT BAGGETT

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date