2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005758

FILED Mar 31, 2009 Secretary of State

Entity Name: MACEDONIA AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 202 SOUTH 9TH STREET FERNANDINA BEACH, FL 32034 **Current Mailing Address: New Mailing Address:** 202 SOUTH 9TH STREET FERNANDINA BEACH, FL 32034 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNG, MCKINLEY BISHOP 101 E. ÚNION STREET SUITE 300 JACKSONVILLE, FL 32202 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SASNETT, PATRICK J TAYLOR, GODFREY V Name: Name: 2445 DUNN AVENUE, APARTMENT 404 Address: 1553 CANTERBURY LANE Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: FERNANDINA BEACH, FL 32035 Title: () Delete Title: () Change () Addition Name: ANCRUM, HAMPY L Name: Address: 820 DIVISION STREET Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, THELMA Name: Name: Address: 802 SOUTH 9TH STREET Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: Title: () Change () Addition () Delete Name: VEAL, BETTY J Name: 11736 MALLARD LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 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: BETTY J. VEAL SECR 03/31/2009