

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 2:15

DOCUMENT # N29931 (5)

1. Corporation Name

MACEDONIA MISSIONARY BAPTIST CHURCH OF BLOUNTSTOWN, INC.

Principal Place of Business

Mailing Address

C/O MARVA A. DAVIS
P. O. BOX 159
BLOUNTSTOWN FL 32424
US

C/O MARVA A. DAVIS
P. O. BOX 159
BLOUNTSTOWN FL 32424
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1988
3a. Date of Last Report 06/15/1994

4. FEI Number 59-2956424
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Church / See #1

26 P.O. Box 159

22 Suite, Apt. #, etc. P.O. Box 159

27 Suite, Apt. #, etc.

23 City & State Blountstown, FL

28 City & State

24 Zip Florida 25 Country Calhoun

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, LONNIE J.
1000 WARD RD.
BLOUNTSTOWN FL 32424

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Pammy J. Lee
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

Dancer

2/10/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ENGRAM, RUDOLPH
STREET ADDRESS 1015 WARD RD
CITY - ST - ZIP BLOUNTSTOWN FL 32424

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE D
NAME LEE, LONNIE J.
STREET ADDRESS 1000 WARD RD.
CITY - ST - ZIP BLOUNTSTOWN FL 32424

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE D
NAME HARPER, WALTER
STREET ADDRESS 424 LOCKWOOD AVENUE
CITY - ST - ZIP BLOUNTSTOWN FL 32424

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE T
NAME HARPER, BERNICE
STREET ADDRESS P O BOX 109 N/A
CITY - ST - ZIP BLOUNTSTOWN FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE T
NAME ENGRAM, MARY J.
STREET ADDRESS 1015 WARD RD
CITY - ST - ZIP BLOUNTSTOWN FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Burkes, Eddie W. T
P.O. Box 22 NA
Blountstown

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Pammy J. Lee
Signature and typed or printed name of signing officer or director

1-23-95
Date

904-674-5608
(Daytime) Phone #