


# 2005-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90352 024 \*\*\*\*61.25

<b>DOCUMENT # N29931</b> 1. Entity Name <b>MACEDONIA MISSIONARY BAPTIST CHURCH OF BLOUNTSTOWN, INC.</b>					
Principal Place of Business <b>C/O MARVA A. DAVIS P. O. BOX 159 BLOUNTSTOWN FL 32424 US</b>			Mailing Address <b>P. O. BOX 159 BLOUNTSTOWN FL 32424 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 159</b> Suite, Apt. #, etc.			
City & State <b>Blountstown Fla</b> Zip <b>32424</b>		Country <b>Calhoun</b>		4. FEI Number <b>59-2956424</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>BAKER, ROBERT 5803 BOMBADIL CT TALLAHASSEE FL 32303</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>None</b> City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Elder Robert Baker</u> DATE <u>April 18, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ANDREW, MARY L</b> <b>624 S PEAR ST</b> <b>BLOUNTSTOWN FL 32424</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO Change</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEE, LONNIE J.</b> <b>1000 WARD RD.</b> <b>BLOUNTSTOWN FL 32424</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMS, MARK</b> <b>1008 WARD ROAD</b> <b>BLOUNTSTOWN FL 32424</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HARPER, BERNICE</b> <b>P O BOX 109 N/A</b> <b>BLOUNTSTOWN FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKES, EDDIE L</b> <b>P O BOX 22 N/A</b> <b>BLOUNTSTOWN FL 32424</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAKER, ROBERT ELDER</b> <b>5803 BOMBADIL CT</b> <b>TALLAHASSEE FL 32303</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Elder Robert Baker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>April 18, 2005</u> <small>Daytime Phone #</small>		