


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90018 014 ****61.25

DOCUMENT # N29931	
1. Entity Name MACEDONIA MISSIONARY BAPTIST CHURCH OF BLOUNTSTOWN, INC.	

Principal Place of Business C/O MARVA A. DAVIS P. O. BOX 159 BLOUNTSTOWN FL 32424 US	Mailing Address P. O. BOX 159 BLOUNTSTOWN FL 32424 US
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2956424	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAKER, ROBERT 5803 BOMBADIL CT TALLAHASSEE FL 32303	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	S <input type="checkbox"/> Delete BAKER, KATHERINE 16151 S. E. PALM ST. BLOUNTSTOWN FL 32424
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Delete LEE, LONNIE 1000 WARD RD. BLOUNTSTOWN FL 32424
TITLE NAME STREET ADDRESS CITY ST ZIP	T <input type="checkbox"/> Delete WILLIAMS, MARK 1008 WARD ROAD BLOUNTSTOWN FL 32424
TITLE NAME STREET ADDRESS CITY ST ZIP	T <input type="checkbox"/> Delete HARPER, BERNICE P O BOX 109 N/A BLOUNTSTOWN FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete BURKES, EDDIE L P O BOX 22 N/A BLOUNTSTOWN FL 32424
TITLE NAME STREET ADDRESS CITY ST ZIP	P <input type="checkbox"/> Delete BAKER, ROBERT ELDER 5803 BOMBADIL CT TALLAHASSEE FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Trustee Joe B. Williams 17490 W.W. Guilford St. Blountown FL 32424
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Elder Robert Baker 3/1/07 850-562-7068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #