

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90011 048 \*\*\*\*66.25

**DOCUMENT # N29931**

1. Entity 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**

**P. O. BOX 159  
BLOUNTSTOWN FL 32424  
US**

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

1st MOORE

CR2E037 (10/07)

4. FEI Number  
**59-2956424**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, ROBERT  
5803 BOMBADIL CT  
TALLAHASSEE FL 32303**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **BAKER, KATHERINE**  
CITY-ST-ZIP **16151 S. E. PALM ST.  
BLOUNTSTOWN FL 32424**

TITLE ☐ Delete  
NAME **TR**  
STREET ADDRESS **WILLIAMS, JOE B**  
CITY-ST-ZIP **17490 NW GUILFORD CIR.  
BLOUNTSTOWN FL 32424**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **WILLIAMS, MARK**  
CITY-ST-ZIP **1008 WARD ROAD  
BLOUNTSTOWN FL 32424**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BURKES, EDDIE L**  
CITY-ST-ZIP **P O BOX 22 N/A  
BLOUNTSTOWN FL 32424**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **BAKER, ROBERT ELDER**  
CITY-ST-ZIP **5803 BOMBADIL CT  
TALLAHASSEE FL 32303**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Martha Lee**  
STREET ADDRESS **20833 SE David Cr.**  
CITY-ST-ZIP **Bloountstowa FL 32424**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

*2/27/08*

*850-562-7068*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #