

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34622

1. Entity Name

MACEDONIA PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business

1240 NORTH OHIO AVENUE
LAKELAND FL 33805

Mailing Address

1240 NORTH OHIO AVENUE
LAKELAND FL 33805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2738171

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

LEWIS, EDWARD
2540 BLAIR CIRCLE
EATON PARK FL 33840

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

01-25-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LEWIS, EDWARD
STREET ADDRESS 2540 BLAIR CIRCLE
CITY-ST-ZIP EATON PARK FL 33840 ☐ Delete

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

TITLE VD
NAME EVANS, ARTHUR L.
STREET ADDRESS 1719 N FLA AVE
CITY-ST-ZIP LAKELAND FL ☐ Delete

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

TITLE SD
NAME SMITH, EUNICE
STREET ADDRESS 1451 CONNESTEE RD.
CITY-ST-ZIP LAKELAND FL ☐ Delete

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

TITLE TD
NAME KING, DEBRA
STREET ADDRESS 1411 W 9TH STREET
CITY-ST-ZIP LAKELAND FL 33825 ☒ Delete

TITLE TD
NAME JANIE B. WRIGHT
STREET ADDRESS 5839 YARBOROUGH LANE
CITY-ST-ZIP LAKELAND, FL. 33813 ☒ Change ☐ Addition

TITLE D
NAME JONES, JOHN W.
STREET ADDRESS 1119N WEBSTER AVE.
CITY-ST-ZIP LAKELAND FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED
JANIE B. WRIGHT

01-25-02

863-644-7354

Date

Daytime Phone #

CR2E037 (9/01)