

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34622

FILED
Feb 17, 2005
Secretary of State

Entity Name: MACEDONIA PRIMITIVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

1240 NORTH OHIO AVENUE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1240 NORTH OHIO AVENUE
LAKELAND, FL 33805

New Mailing Address:

P.O. BOX 24240
LAKELAND, FL 33802

FEI Number: 59-2738171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, EDWARD
2540 BLAIR CIRCLE
EATON PARK, FL 33840 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, EDWARD
Address: 2540 BLAIR CIRCLE
City-St-Zip: EATON PARK, FL 33840

Title: D () Delete
Name: FIELDS, SANDRA W
Address: 1617 WEST LANE
City-St-Zip: LAKELAND, FL 33805

Title: PD () Delete
Name: WILLIAMS, PATRICIA A
Address: 609 W MAGNOLIA STREET
City-St-Zip: LAKELAND, FL 33815

Title: TD () Delete
Name: WRIGHT, JANIE B
Address: 5839 YARBOROUGH LANE
City-St-Zip: LAKELAND, FL 33813

Title: VD () Delete
Name: MCCRAY, NATHAN
Address: 2515 BLAIR CIRCLE
City-St-Zip: EATON PARK, FL 33840

Title: SD () Delete
Name: SMITH, EUNICE
Address: 1451 CONNESTEE ROAD
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WILLIAMS, PATRICIA
Address: 609 W. MAGNOLIA ST.
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA

SD

02/17/2005

Electronic Signature of Signing Officer or Director

Date