

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N39338
 1. Entity Name
FIRST MACEDONIA BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
8081 LENOX AVENUE **8081 LENOX AVENUE**
JACKSONVILLE, FL 32221 **JACKSONVILLE, FL 32221**



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2066271 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WILLIFORD, WAYNE
9410 COXWELL LANE
JACKSONVILLE, FL 32221

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WILLIFORD, WAYNE 9410 COXWELL LANE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BEACH, RICK 2631 STRATTON ROAD JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD FORD, BETTY L 8423 FINWOOD AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FORD, BETTY L PO BOX 6192/8423 FINWOOD AVENUE JACKSONVILLE, FL 32236
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LAVELLE, JERRY 3023 TOWERMILL LANE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000385127
 01/18/06-80004-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Wayne Williford 1/12/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #