

**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
**8081 LENOX AVENUE
JACKSONVILLE, FL 32221**

Mailing Address
**8081 LENOX AVENUE
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**

**DO NOT WRITE
IN THIS SPACE**

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

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

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01/18/06-80004-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 517, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/06