

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N43138

1. Entity Name
**MACEDONIA MISSIONARY BAPTIST CHURCH OF
BROWARD COUNTY, INC.**



Principal Place of Business
**2380 N.W. 3RD STREET
POMPAÑO BEACH, FL 33069-2639**

Mailing Address
**2380 N.W. 3RD STREET
POMPAÑO BEACH, FL 33069-2639**



08052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0175265

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAVIS, MOSES
2380 N.W. 3RD STREET
POMPAÑO BEACH, FL 33069-2639**

**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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000163880
08/12/04-80001-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	MCDUFFIE, LEONARD
STREET ADDRESS	2380 N.W. 3RD STREET
CITY - ST - ZIP	POMPAÑO BEACH, FL 33069
TITLE	MD
NAME	GILES, LAURA
STREET ADDRESS	2380 N.W. 3RD STREET
CITY - ST - ZIP	POMPAÑO BEACH, FL 33069
TITLE	SD
NAME	WIGGINS, ELLEN
STREET ADDRESS	2380 N.W. 3RD STREET
CITY - ST - ZIP	POMPAÑO BEACH, FL 330692639
TITLE	TD
NAME	DAVIS, PHILLIP
STREET ADDRESS	2380 N.W. 3RD STREET
CITY - ST - ZIP	POMPAÑO BEACH, FL 330692639
TITLE	TD
NAME	GAYLE, WINSTON
STREET ADDRESS	2380 N.W. 3RD STREET
CITY - ST - ZIP	POMPAÑO BEACH, FL 330692639
TITLE	CD
NAME	HILL, ALBERT
STREET ADDRESS	2380 N.W. 3RD STREET
CITY - ST - ZIP	POMPAÑO BEACH, FL 330692639

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Winston Gayle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/04

Date

954-261-3171

Daytime Phone #