


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 8:00 am
Secretary of State

02-19-2007 90061 003 ****61.75

DOCUMENT # N49020 1. Entity Name MACEDONIA CEMETERY FUND, INC.	
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Principal Place of Business 12544 BASS RD. LIVE OAK, FL 32060 US	Mailing Address ALICE M. BASS 11443 113TH ROAD LIVE OAK, FL 32060 US
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02062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3166897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, TOMMYE
12544 BASS RD
LIVE OAK, FL 32060

**DO NOT WRITE
IN THIS SPACE**

B. 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 necessary) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	D MCMILLAN III, FILMORE 1404 DARROW AVENUE LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, TOMMYE 12544 BASS RD. LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ANDREW C. 12675 129TH RD. LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ALICE M 11443 113TH RD. LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, CARTER A. 10020 129TH RD. LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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: Alice M Bass - Secretary Mar 8, 2007 386-364453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #