

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50672

1. Entity Name

FIRST MACEDONIA MISSIONARY BAPTIST CHURCH, INC.

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90255 019 ****61.25

Principal Place of Business 411 EAST CHARLOTTE AVENUE PUNTA GORDA FL 33950	Mailing Address 411 EAST CHARLOTTE AVENUE PUNTA GORDA FL 33950-9 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0360165	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, CARL
411 EAST CHARLOTTE AVENUE
PUNTA GORDA FL

Name
Street Address (P.O.-Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, CARL REV 230 GARVIN ST PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARION, WALTER 427 E. SHOWALTER AVENUE PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDRIS, WILLIAM S 261 SORRENTO CT. PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, WILLIAM 318 E. CHARLOTTE AVENUE PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WASHINGTON, MELODY 427 E HENRY ST PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melody Washington
Melody Washington 4/25/02 941-637-7743

CR2E037 (9/01)