# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 09, 2006**
**Secretary of State**

DOCUMENT# N93000000139

**Entity Name:** MACEDONIA HUMAN SERVICES CULTURAL TRAINING CENTER, INC.

**Current Principal Place of Business:**

411 E. CHARLOTTE AVE.
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

411 E. CHARLOTTE AVE.
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number: 65-1022259** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYNES, BOOKER T JR
515 E HELEN AVENUE
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HAYNES, BOOKER T JR.
Address: 512 E HELEN AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD ( ) Delete
Name: WILLIAMS, EDRIS
Address: 261 SORRENTO COURT ROAD
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD ( ) Delete
Name: WASHINGTON, MELODY
Address: 427 E. HENRY STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD ( ) Delete
Name: JONES, WILLIAM
Address: 318 E. CHARLOTTE AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELODY WASHINGTON SD 03/09/2006

Electronic Signature of Signing Officer or Director — Date