

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90004 050 ****61.25

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1. Entity Name

MACEDONIA BAPTIST CHURCH OF LEE, INC.



Principal Place of Business

5539 E US HWY 90
LEE FL 32859

Mailing Address

% JUNIOR SMITH
ROUTE 5 BOX 865
MADISON FL 32340

70471E yellow pine Ave

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2352927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, MICHAEL
170 NE MACEDONIA CHURCH RD.
LEE FL 32059-4702

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, RAY L SR.	
STREET ADDRESS	1845 PINE STREET	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, CHRIS	
STREET ADDRESS	RT 4 BOX 1412	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONCRIEF, JAMES D	
STREET ADDRESS	RT 5 BOX 1980	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RAY L JR	
STREET ADDRESS	1845 PINE ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	S	<input type="checkbox"/> Delete
NAME	RHOADES, ALVERA W	
STREET ADDRESS	ROUTE 2, BOX 1188	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, JUNIOR	
STREET ADDRESS	RT 5 BOX 865	
CITY-ST-ZIP	MADISON FL 32340	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	James D Moncrief	
STREET ADDRESS	860 SE Baker Ave	
CITY-ST-ZIP	Madison, Fla 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Alvera Rhoades	
STREET ADDRESS	330 71E Lantana St	
CITY-ST-ZIP	Lee, Fla 32059	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUNIOR SMITH	
STREET ADDRESS	704 71E yellow pine Ave	
CITY-ST-ZIP	MADISON, FL 32340	

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:

Junior Smith

James D Moncrief

Treasurer

Date

2-6-05

Daytime Phone #

850-973-2886