

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N94000003508

1. Entity Name

MACEDONIA BAPTIST CHURCH OF LEE, INC.



Principal Place of Business

Mailing Address

**5539 E US HWY 90
LEE FL 32859**

**% JUNIOR SMITH
704 NE YELLOW PINE AVE
MADISON FL 32340**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2352927

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNS, DAVID
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 is required when registering)

DATE

**FILE NOW FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **D WILLIAMS, RAY L SR.**
STREET ADDRESS **1845 PINE STREET**
CITY- ST- ZIP **MADISON FL 32340**

TITLE ☐ Change ☐ Addition
NAME **U000000904320**
STREET ADDRESS **05/01/08-80008-005 61.25**
CITY- ST- ZIP

TITLE ☐ Delete
NAME **D THOMPSON, CHRIS**
STREET ADDRESS **RT 4 BOX 1412**
CITY- ST- ZIP **MADISON FL 32340**

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

TITLE ☐ Delete
NAME **D MONCRIEF, JAMES D**
STREET ADDRESS **860 SE BAKE DR**
CITY- ST- ZIP **MADISON FL 32340**

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

TITLE ☐ Delete
NAME **S RHOADES, ALVERA W**
STREET ADDRESS **330 NE LANTANA ST**
CITY- ST- ZIP **LEE FL 32059**

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

TITLE ☐ Delete
NAME **T SMITH, JUNIOR**
STREET ADDRESS **704 NE YELLOW PINE AVE**
CITY- ST- ZIP **MADISON FL 32340**

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

TITLE ☐ Delete
NAME **D STOCKES, ROBERT D**
STREET ADDRESS **319 SW OLD US 90**
CITY- ST- ZIP **MADISON FL 32340**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any address, with all other like empowered.

SIGNATURE:

Junior Smith *Junior Smith*

4-15-08