

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 AUG 19 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003508-- 1. Entity Name MACEDONIA BAPTIST CHURCH OF LEE, INC.					
Principal Place of Business 5539 E US HWY 90 LEE, FL 32859				Mailing Address 704 NE YELLOW PINE AVE MADISON, FL 32340 1146 NE CATTAIL DR MADISON, FL 32340	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1146 NE CATTAIL DR Suite, Apt. #, etc.			
City & State MADISON, FLA		City & State MADISON, FLA		4. FEI Number 59-2352927	
Zip 32340		Country Madison		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNS, DAVID 170 NE MACEDONIA CHURCH RD. LEE, FL 32059-4702				7. Name and Address of New Registered Agent 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)					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, RAY L SR. 1845 PINE STREET MADISON, FL 32340	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY L. WILLIAMS, SR. 1207 NE CATTAIL DR. MADISON, FL 32340-5719	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CHRIS RT 4 BOX 1412 MADISON, FL 32340	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRIS THOMPSON 1418 LONG LEAF DR, LIVE OAK, FL 32064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONCRIEF, JAMES D 860 SE BAKE DR MADISON, FL 32340	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROY O. RHOADES 330 NE LANTANA ST. LEE, FL 32059	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHOADES, ALVERA W 330 NE LANTANA ST LEE, FL 32059	☐ Delete	000134666360 08/20/08--01023--012 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JUNIOR 704 NE YELLOW PINE AVE MADISON, FL 32340	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNDON PICKLES 1146 NE CATTAIL DR. MADISON, FL 32340	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKES, ROBERT D 319 SW OLD US 90 MADISON, FL 32340	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACI B. MILLER 3195 NE JUNIPER DR. LEE, FL 32059	☐ Change ☒ Addition
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: <i>Lyndon Pickles</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8-17-08 Date		8509234635 Daytime Phone #

KS