

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90048 025 ****70.00

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1. Entity Name

MACEDONIA AGAPE DEVELOPMENT CORPORATION



Principal Place of Business

**1800 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32208**

Mailing Address

**1800 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32208**

2. Principal Place of Business

1880 W. Edgewood Avenue

3. Mailing Address

1880 W. Edgewood Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32208

Country

USA

Zip

32208

Country

USA

4. FEI Number

59-2391394

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, LONDON L SR
1800 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1880 W. Edgewood Avenue

City

Jacksonville

FL

Zip Code

32208

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, 2004**

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

TITLE PD
NAME WILLIAMS, LONDON L SR. ☐ Delete
STREET ADDRESS 1800 W. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VD
NAME THOMPSON, DEBORAH ☐ Delete
STREET ADDRESS 1800 W. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D
NAME AVERY, WILLIE ☐ Delete
STREET ADDRESS 1800 W. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE TD ☒ Delete
NAME MILES, DERRICK
STREET ADDRESS 1800 W. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE SD
NAME MEANS, ELIZABETH ☐ Delete
STREET ADDRESS 1800 W. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VD ☒ Delete
NAME BADGER, SOLOMON L III
STREET ADDRESS 1800 W. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE TD ☐ Change ☒ Addition
NAME Williams, Lorraine
STREET ADDRESS 1880 W. Edgewood Avenue
CITY-ST-ZIP Jacksonville, FL 32208

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

TITLE VD ☐ Change ☒ Addition
NAME Gardner Sr., David
STREET ADDRESS 1880 W Edgewood Avenue
CITY-ST-ZIP Jacksonville, FL 32208

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:

Dr. Landon L. Williams, Sr. - PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 764-9257

Daytime Phone #