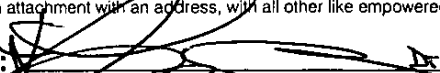


FILED
Feb 24, 2005 8:00 am
Secretary of State

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DOCUMENT # N94000003754						02-24-2005 90048 014 ****70.00	
1. Entity Name MACEDONIA AGAPE DEVELOPMENT CORPORATION							
Principal Place of Business 1880 W EDGEWOOD AVE. JACKSONVILLE, FL 32208		Mailing Address 1880 W EDGEWOOD AVE. JACKSONVILLE, FL 32208		JUL10001			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122005 Chg-NP CR2E037 (10/03)			
City & State		City & State		4. FEI Number 59-2391394		Applied For Not Applicable	
Zip	Country	Zip	Country	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			
WILLIAMS, LONDON L SR 1880 W EDGEWOOD AVE. JACKSONVILLE, FL 32208				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							
Filing 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	PD	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	WILLIAMS, LONDON L SR.			NAME			
STREET ADDRESS	1800 W. EDGEWOOD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP			
TITLE	VD	☒ Delete		TITLE	☐ Change ☐ Addition		
NAME	THOMPSON, DEBORAH			NAME			
STREET ADDRESS	1800 W. EDGEWOOD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	AVERY, WILLIE			NAME			
STREET ADDRESS	1800 W. EDGEWOOD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	WILLIAMS, LORRAINE			NAME			
STREET ADDRESS	1880 W EDGEWOOD AVE.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP			
TITLE	SD	☒ Delete		TITLE	☐ Change ☐ Addition		
NAME	MEANS, ELIZABETH			NAME			
STREET ADDRESS	1800 W. EDGEWOOD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP			
TITLE	VD	☐ Delete		TITLE	☒ Change ☐ Addition		
NAME	GARDNER, DAVID SR.			NAME	SD		
STREET ADDRESS	1880 W EDGEWOOD AVE.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP			
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. 2/19/05 (904) 764-9257			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			