

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000003754

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**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2391394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, LONDON L SR
1880 W EDGEWOOD AVE.
JACKSONVILLE, FL 32208**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, LONDON L SR. 1880 W EDGEWOOD AVE JACKSONVILLE, FL 32208
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERY, WILLIE 1880 W EDGEWOOD AVE JACKSONVILLE, FL 32208
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, LORRAINE 1880 W EDGEWOOD AVE. JACKSONVILLE, FL 32208
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELLS, VERDELL 1880 W EDGEWOOD AVE JACKSONVILLE, FL 32208
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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: Dr. Landon L. Williams, Sr. 1/9/07 (904) 764-9257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #