

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003754

FILED
Feb 19, 2009
Secretary of State

Entity Name: MACEDONIA AGAPE DEVELOPMENT CORPORATION

Current Principal Place of Business:

1880 W EDGEWOOD AVE.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1880 W EDGEWOOD AVE.
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3277318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, LONDON L SR.
Address: 1880 W EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: AVERY, WILLIE
Address: 1880 W EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD () Delete
Name: WILLIAMS, LORRAINE
Address: 1880 W EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: WELLS, VERDELL
Address: 1880 W EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LONDON L. WILLIAMS, SR.

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date