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05-07-1999 90025 003 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004245**

1. Corporation Name
NEW MACEDONIA CHURCH AND MINISTRIES, INC.

Principal Place of Business	Mailing Address
155 NW 28TH AVE POMPANO BEACH FL 33060	310 S.W. 1ST ST. DELRAY BEACH FL 33444

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 5415 Bayside Drive	26 1635 Goodyear Ave. Apt #3	08/29/1994
Suite, Apt. #, etc. 22 Orlando, FL.	Suite, Apt. #, etc. 27 Lakeland, FL	4. FEI Number 65-0517249 ☐ Applied For ☐ Not Applicable
City & State 23 32819 U.S.	City & State 28 33801 U.S.	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLLOMAN, GREGORY F ELDER 310 SW 1ST ST DELRAY BEACH FL 33444	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1635 Goodyear Ave. Apt. #3 83 (Lakeland, FL.) (33801) 84 City Lakeland FL 85 Zip Code 33801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Gregory F. Holloman, Gregory F. Holloman 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	HOLLOMAN, GREGORY F ELDER		1.2 NAME	Holloman, Gregory F. Elder	
STREET ADDRESS	310 SW 1ST ST		1.3 STREET ADDRESS	1635 Goodyear Ave. Apt. #3	
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CITY-ST-ZIP	Lakeland, FL. 33801	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, VINCENT E ELDER		2.2 NAME		
STREET ADDRESS	407 KOEPLER STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCEANDIDE CA 92054		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLLOMAN, BENNY DEACON		3.2 NAME		
STREET ADDRESS	5415 BAYSIDE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLLOMAN, CAROLYN B DEACONE		4. 2 NAME		
STREET ADDRESS	5415 BAYSIDE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE: Gregory F. Holloman SIGNATURE REQUIRED Gregory F. Holloman 4/27/99 941-668-0498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #