2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000004245

Entity Name: NEW MACEDONIA CHURCH AND MINISTRIES, INC.

FILED May 14, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5415 BAYSIDE DR 343 E STORY RD

ORLANDO, FL 32819 WINTER GARDEN, FL 34787 US

Current Mailing Address: New Mailing Address:

1635 GOODYEAR AVE. 1056 KING AVE

APT 3 LAKELAND, FL 33803 LAKELAND, FL 33801

FEI Number: 65-0517249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLLOMAN, GREGORY F ELDER
HOLLOMAN, GREGORY F BISHOP
1635 GOODYEAR AVE., APT 3
HOLLOMAN, GREGORY F BISHOP
1056 KING AVE

LAKELAND, FL 33801 LAKELAND, FL 33803 US

LANELAND, FL 33003 US

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: GREGORY F. HOLLOMAN, BISHOP 05/14/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: HOLLOMAN, GREGORY F BISHOP

Name: HOLLOMAN, GREGORY FELDER Name: HOLLOMAN, GREGORY FBISHO Address: 1635 GOODYEAR AVE., APT 3 Address: 1056 KING AVE

City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33803 US

Title: D () Delete Title: D (X) Change () Addition
Name: CLARK, VINCENT E ELDER Name: CLARK, VINCENT E BISHOP
Address: 407 KOEPLER STREET Address: 21451 CAMERON CT

City-St-Zip: OCEANDIDE, CA 92054 City-St-Zip: LEXINGTON PARK, MD 20653 US

Title: D () Delete Title: () Change () Addition

 Name:
 HOLLOMAN, BENNY DEACON
 Name:

 Address:
 5415 BAYSIDE DR
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 HOLLOMAN, CAROLYN B DEACONE
 Name:

 Address:
 5415 BAYSIDE DR
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BENNY HOLLOMAN DEC 05/14/2002