2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# N94000004245

Entity Name: NEW MACEDONIA CHURCH AND MINISTRIES, INC.

Current Principal Place of Business:

343 E STORY RD
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

C/O HOLLOWMAN
P.O. BOX 93162
LAKELAND, FL 338043162

New Mailing Address:

C/O HOLLOMAN
P.O. BOX 93162
LAKELAND, FL 338043162

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

Name and Address of Current Registered Agent:

HOLLOMAN, GREGORY F BISHOP
1761 ELBERT ACRES CT, NE
WINTER HAVEN, FL 33881 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: D ( ) Delete
Name: HOLLOMAN, GREGORY F BISHOP
Address: 1761 ELBERT ACRES CT, NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D ( ) Delete
Name: CLARK, VINCENT E BISHOP
Address: 21451 CAMERON CT
City-St-Zip: LEXINGTON PARK, MD 20653 US

Title: D ( ) Delete
Name: HOLLOMAN, BENNY DEACON
Address: 5415 BAYSIDE DR
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: HOLLOMAN, CAROLYN B DEACONE
Address: 5415 BAYSIDE DR
City-St-Zip: ORLANDO, FL 32819

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 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: CAROLYN B HOLLOMAN D 05/01/2004
Electronic Signature of Signing Officer or Director — Date