

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004245

FILED  
May 17, 2007  
Secretary of State

**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 HOLLOMAN  
5415 BAY SIDE DR  
ORLANDO, FL 328194050

**New Mailing Address:**

C/O HOLLOMAN  
5415 BAYSIDE DR  
ORLANDO, FL 328194050

**FEI Number:** 65-0517249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOLLOMAN, GREGORY F BISHOP  
3528 PALM CT  
HAINES CITY, FL 33844 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: 3528 PALM CT  
City-St-Zip: HAINES CITY, FL 33844 US

Title: D ( ) Delete  
Name: CLARK, VINCENT E BISHOP  
Address: 4310 RAWHIDE WAY  
City-St-Zip: OCEANSIDE, CA 92057 US

Title: D ( ) Delete  
Name: HOLLOMAN, BENNY ELDER  
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 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: CAROLYN B HOLLOMAN

D

05/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date