

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004245

FILED
May 28, 2008
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 BAYSIDE DR
ORLANDO, FL 328194050

New Mailing Address:

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:

HOLLOMAN, GREGORY F BISHOP
1501 ROYAL RIDGE DR
DAVENPORT, FL 33896 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:

05/28/2008

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: D (X) Change () Addition
Name: HOLLOMAN, GREGORY F BISHOP
Address: 1501 ROYAL RIDGE DR
City-St-Zip: DAVENPORT, FL 33896 US

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

05/28/2008

Electronic Signature of Signing Officer or Director

Date