

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004245

**FILED**  
**Aug 27, 2011**  
**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 ( )**

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

HOLLOMAN, BEN  
5415 BAY SIDE DR  
ORLANDO, FL 32819 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  
Name: HOLLOMAN, GREGORY F BISHOP  
Address: PO BOX 3271  
City-St-Zip: DAVENPORT, FL 33836 US

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

Title: D  
Name: HOLLOMAN, BEN ELDER  
Address: 5415 BAYSIDE DR  
City-St-Zip: ORLANDO, FL 32819

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

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN B. HOLLOMAN

D

08/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date