FILED
Aug 01, 2003 8:00 am
Secretary of State
08-01-2003 90061 006 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004245

1. Entity Name
NEW MACEDONIA CHURCH AND MINISTRIES, INC.

Principal Place of Business	Mailing Address
343 E STORY RD WINTER GARDEN, FL 34787 US	~~1056 KING AVE~~ c/o Holloman ~~LAKELAND, FL 33803~~ PO Box 93162 Lakeland FL 33804-3162

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	See above Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number	Applied For / Not Applicable
65-0517249	

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLLOMAN, GREGORY F BISHOP ~~1056 KING AVE~~ 1761 Elbert Acres Ct, NE ~~LAKELAND, FL 33803~~ Winter HAVEN FL 33881	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILING FEE: $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLOMAN, GREGORY F BISHOP 1056 KING AVE LAKELAND, FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	New address 1761 Elbert Acres CT. NE Winter Haven FL 33881	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, VINCENT E BISHOP 21451 CAMERON CT LEXINGTON PARK, MD 20653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLOMAN, BENNY DEACON 5415 BAYSIDE DR ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLOMAN, CAROLYN B DEACONE 5415 BAYSIDE DR ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn B. Holloman 7/29/03 (407)876-5957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carolyn B. Holloman