FILED
Apr 09, 2004 8:00 am
Secretary of State
03-30-2004 90008 034 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000367

1. Entity Name
MACEDONIA MISSIONARY BAPTIST CHURCH OF DELAND, INC.

Principal Place of Business	Mailing Address
514 W BERESFORD AVE DELAND, FL 32720	P.O. BOX 1597 DELAND, FL 32720

66410633

03222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2479483
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

HARRIS, ERNEST R
514 W BERESFORD AVE
DELAND, FL 32720

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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: DEBORAH [illegible]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

D
Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELLIOTT, MINNIE W
STREET ADDRESS	493 W BALTIMORE DR
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	HORNE, JAMES
STREET ADDRESS	1417 SUNSET BLVD
CITY-ST-ZIP	HOLLY HILL, FL
TITLE	D
NAME	DOWELL, RUBYE
STREET ADDRESS	209 W DIVISION ST
CITY-ST-ZIP	DELAND, FL
TITLE	D
NAME	SINGLETON, YVONNE
STREET ADDRESS	1325 S. ADELLE AVENUE
CITY-ST-ZIP	DELAND, FL
TITLE	D
NAME	HARRIS, ERNEST R.
STREET ADDRESS	1380 S CLARA AVE
CITY-ST-ZIP	DELAND, FL
TITLE	D
NAME	CORLEY, MILTON
STREET ADDRESS	PO BOX 1801
CITY-ST-ZIP	DELAND, FL 32721

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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: Minnie W Elliott 4-05-04 386 822-9173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
386 736 3971