


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90003 031 ****61.25

DOCUMENT # N95000000367 1. Entity Name MACEDONIA MISSIONARY BAPTIST CHURCH OF DELAND, INC.					
Principal Place of Business 514 W BERESFORD AVE DELAND FL 32720			Mailing Address P.O. BOX 1597 DELAND FL 32720		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2479483 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E037 (4/06)	
6. Name and Address of Current Registered Agent HARRIS, ERNEST R 514 W BERESFORD AVE DELAND FL 32720				7. Name and Address of New Registered Agent Name Rubye S. Dowdell Street Address (P.O. Box Number is Not Acceptable) 207 W. Division City DeLand FL 32720	
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 <u><i>Rubye S. Dowdell</i></u> DATE <u>8-8-06</u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ELLIOTT, MINNIE W 493 W BALTIMORE DR DELAND FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2 Glenn, William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 801 Valleydale Ave DeLand FL 32720		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORNE, JAMES 1417 SUNSET BLVD HOLLY HILL FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thomas, Adam <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 924 So. Delaware Ave DeLand FL 32720		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOWELL, RUBY 209 W DIVISION ST DELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINGLETON, YVONNE 1325 S. ADELLE AVENUE DELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, ERNEST R 1380 S CLARA AVE DELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORLEY, MILTON PO BOX 1801 DELAND FL 32721 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Rubye S. Dowdell* 8-6-06 386-736-3891