

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004597

1. Entity Name

MACEDONIA MISSIONARY BAPTIST CHURCH OF
ZEPHYRHILLS, INC.



Principal Place of Business

5604 BROWN AVE
ZEPHYRHILLS FL 33540

Mailing Address

5604 BROWN AVE
ZEPHYRHILLS FL 33540

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3334724

Applied For

Not Applicable

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

NUNN, EDDIE A
4211 E OSBORNE AVENUE
TAMPA FL 33610

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	NUNN, EDDIE A	
STREET ADDRESS	4211 OSBORNE AVE	
CITY- ST- ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JOHNNIE B	
STREET ADDRESS	39645 6TH AVE	
CITY- ST- ZIP	ZEPHYRHILLS FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, LEWIS W	
STREET ADDRESS	14630 8TH ST	
CITY- ST- ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTON, CLARENCE	
STREET ADDRESS	1134 69TH ST	
CITY- ST- ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, RONALD	
STREET ADDRESS	40215 LYNNBROOK AVE	
CITY- ST- ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, LARRY SR	
STREET ADDRESS	11319 ORANGE TREE ROAD	
CITY- ST- ZIP	DADE CITY FL 33525	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000307433
CITY- ST- ZIP	04/15/05-80054-025 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LEWIS W. MITCHELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-893
4-4-05 783-1337