


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

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000004597	
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
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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 (10/05)

4. FEI Number 59-3334724 ☐ Applied For ☐ Not Applied

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

6. Name and Address of Current Registered Agent NUNN, EDDIE A 4211 E OSBORNE AVENUE TAMPA FL 33610	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when renouncing) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input type="checkbox"/> Delete NAME NUNN, EDDIE A STREET ADDRESS 4211 OSBORNE AVE CITY-ST-ZIP TAMPA FL 33610	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE D <input type="checkbox"/> Delete NAME WILSON, JOHNNIE R STREET ADDRESS 39645 6TH AVE CITY-ST-ZIP ZEPHYRHILLS FL 33612	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE D <input type="checkbox"/> Delete NAME MITCHELL, LEWIS W STREET ADDRESS 14630 8TH ST CITY-ST-ZIP DADE CITY FL 33525	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE D <input type="checkbox"/> Delete NAME HOLTON, CLARENCE STREET ADDRESS 1134 69TH ST CITY-ST-ZIP TAMPA FL 33619	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE D <input type="checkbox"/> Delete NAME STEWART, RONALD STREET ADDRESS 40215 LYNNBROOK AVE CITY-ST-ZIP ZEPHYRHILLS FL 33540	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE D <input type="checkbox"/> Delete NAME ROBERTS, LARRY SR STREET ADDRESS 11319 ORANGE TREE ROAD CITY-ST-ZIP DADE CITY FL 33525	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.