

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004597

FILED
Feb 02, 2009
Secretary of State

Entity Name: MACEDONIA MISSIONARY BAPTIST CHURCH OF ZEPHYRHILLS, INC.

Current Principal Place of Business:

5604 BROWN AVE
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

5604 BROWN AVE
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 59-3334724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNN, EDDIE A
4211 E OSBORNE AVENUE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUNN, EDDIE A
Address: 4211 OSBORNE AVE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: MITCHELL, LEWIS W
Address: 14630 8TH ST
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: HOLTON, CLARENCE
Address: 1134 69TH ST
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: STEWART, RONALD
Address: 40215 LYNNBROOK AVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D () Delete
Name: ROBERTS, LARRY SR
Address: 11319 ORANGE TREE ROAD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE B. HOLTON

D

02/02/2009

Electronic Signature of Signing Officer or Director

Date