

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2011 AR



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 19 AM 4:08

DOCUMENT # N95000004597

1. Corporation Name

MACEDONIA MISSIONARY BAPTIST CHURCH

800202584818  
04/19/11--01018--001 \*\*61.25

2. Principal Office Address - No P.O. Box #

5604 BROWN AVE

3. Mailing Office Address

5604 BROWN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

City & State

Zephyrhills, FL

Zip

33542

Country

PASCO

Zip

33542

Country

PASCO

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

9/25/95

5. FEI Number

59-333-4724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CLARENCE HOLTON

Street Address (P.O. Box Number is Not Acceptable)

1134-69th ST SD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33619

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0507, F.S.

Signature of Registered Agent

Clarence Holton

Date

4/10/11

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DEC	LEWIS MITCHELL	14680 8th AVENUE	DADE CITY FL 33525
DEC	CLARENCE HOLTON	1134-69th ST SD	TAMPA FL 33619
DEC	RONALD STEWERT	40215 LYNNBROOK DR	ZEPHYRHILLS FL 33542
DEC	HARRY ROBERTS	11319 ORANGE TREE DR	DADE CITY FL 33525
DEC	GARY MCCOLLUM	38550 COUNTRY RD 54	ZEPHYRHILLS FL 33542
DEC	FRANK WILLIAMS	7809 ARMS DR	ZEPHYRHILLS FL 33540

10. E-mail Address: HOLTBUCL@VALUO.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: CLARENCE HOLTON

Clarence Holton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/11

2323623

Date

Daytime Phone #

4/19/11