
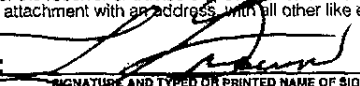


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005553		
1. Entity Name MACEDONIA MISSIONARY BAPTIST CHURCH INC. OF OSCEOLA COUNTY		
Principal Place of Business 2911 TAMPA AVENUE KISSIMMEE, FL 34744	Mailing Address 2897 N. DIXIE HWY KISSIMMEE, FL 34744	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWN, LEONARD D 2897 N DIXIE HWY KISSIMMEE, FL 34744		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000222614 02/10/05-80003-007 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARRINGTON, WHITFIELD 1809 BRACK ST KISSIMMEE, FL 34744	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, MELVIN 851 BARN ST KISSIMMEE, FL 34744	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, CLARENCE 5138 PUEBLO ST ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WESTON, KIM M 851 BARN ST KISSIMMEE, FL 34744	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROWN, LEONARD D 2897 N. DIXIE HWY KISSIMMEE, FL 34744	
TITLE 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:  LEONARD D. BROWN		1-5-05 407-847-6810
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>