


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000005553</b> 1. Entity Name <b>MACEDONIA MISSIONARY BAPTIST CHURCH INC. OF OSCEOLA COUNTY</b>	
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Principal Place of Business <b>2911 TAMPA AVENUE KISSIMMEE, FL 34744</b>	Mailing Address <b>2897 N. DIXIE HWY KISSIMMEE, FL 34744</b>
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07042006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3266812</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000568337  
07/11/06-80002-012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRINGTON, WHITFIELD 1809 BRACK ST KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, MELVIN 851 BARN ST KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CLARENCE 5138 PUEBLO ST ORLANDO, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WESTON, KIM M 851 BARN ST KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, LEONARD D 2897 N. DIXIE HWY KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 BROWN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-6-06 407-847-6810**  
Date Daytime Phone #