


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent BROWN, LEONARD D 2897 N DIXIE HWY KISSIMMEE, FL 34744	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000787397 01/17/08-80080-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRINGTON, WHITFIELD 1809 BRACK ST KISSIMMEE, FL 34744
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	

**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 D. BROWN** **1-11-08** **407-847-6810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #