


2/17/98 B-2186 C
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002796 (8) Corporation Name MACEDONIA HOLINESS CHURCH, INC.					
Principal Place of Business 2634 NW 62 STREET MIAMI FL 33147		Mailing Address 2634 NW 62 STREET MIAMI FL 33147			
2. Principal Place of Business 21 2634 NW 62 ST Suite, Apt #, etc		2a. Mailing Address 1892 NW 26 1892 NW 83 Terr Suite, Apt #, etc		3. Date Incorporated or Qualified 05/28/1996	
22 Street Address MIAMI, FL, State		27 City & State MIAMI FL		4. FEI Number 23-0845927 Applied For Not Applicable	
23 Zip 33147		28 Country DADE		5. Certificate of Status Desired \$8.75 Additional Fee Required	
24 9. Name and Address of Current Registered Agent WILLIAMS, JESSIE MAE 1892 NW 83 TERR. MIAMI FL 33147		29 30 10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
81 Name		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
83		9. Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)			
84 City		DATE			
85 FL		Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, JESSIE MAE				
STREET ADDRESS	1892 NW 83 TERR.				
CITY-ST-ZIP	MIAMI FL 33147				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, NORMAN				
STREET ADDRESS	1892 NW 83 TERR.				
CITY-ST-ZIP	MIAMI FL 33147				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	REIFORD, PHYLLIS				
STREET ADDRESS	14701 SW 103 PL				
CITY-ST-ZIP	MIAMI FL 33176				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: JESSIE M. WILLIAMS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (1097)

2/12/98 336-2252
Date Daytime Phone # 0030601