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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90061 003 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000002796**

1. Corporation Name

**MACEDONIA HOLINESS CHURCH, INC.**

1/13/99

Principal Place of Business

2634 NW 62 ST  
STORE FRONT  
MIAMI FL 33147  
US

Mailing Address

JESSE M WILLIAMS  
1892 N W 83 TERR  
MIAMI FL 33147  
US



94495 - 90061 - 3

2. Principal Place of Business

21 **Macedonia**

2a. Mailing Address

26 **1892 N W 83 Terr**

3. Date Incorporated or Qualified

**05/28/1996**

Suite, Apt. #, etc.

22 **2634 N.W. 62 ST**

Suite, Apt. #, etc.

27 **MIAMI**

4. FEI Number

**23-0845927**

Applied For

Not Applicable

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

Zip

24 **33147**

Country

25 **DADE**

Zip

29 **33147**

Country

30 **DADE**

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

**WILLIAMS, JESSIE MAE  
1892 NW 83 TERR.  
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WILLIAMS, JESSE MAE**

STREET ADDRESS **1892 NW 83 TERR.**

CITY-ST-ZIP **MIAMI FL 33147**

TITLE **TD** ☐ DELETE

NAME **WILLIAMS, NORMAN**

STREET ADDRESS **1892 NW 83 TERR.**

CITY-ST-ZIP **MIAMI FL 33147**

TITLE **SD** ☐ DELETE

NAME **REIFORD, PHYLLIS**

STREET ADDRESS **14701 SW 103 PL**

CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **P. D. JESSIE MAE WILLIAMS** 1/13/99 **385 886-9258**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)