

FILED
May 17, 2000 8:00 am
Secretary of State
01-22-2000 90029 002 ****69.00

DOCUMENT # N96000002796

Entity Name
MACEDONIA HOLINESS CHURCH, INC.

Principal Place of Business Mailing Address
NW 62 ST **JESSE M WILLIAMS**
MIAMI FL 33147 **1892 N W 83 TERR**
 MIAMI FL 33147-5048
 US

Principal Place of Business Mailing Address
Store front **Jesse M. Williams**
Miami Fla **1892 N.W. 83 Terr**
City & State **Miami Fla.**

33147 **Fla** **33147** **Fla**

6. Name and Address of Current Registered Agent
WILLIAMS, JESSIE MAE
1892 NW 83 TERR.
MIAMI FL 33147

4. FEI Number **23-0845927** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name: **Milton Andrew**
Street Address (P.O. Box Number is Not Acceptable): **1753 NW 81st Ter**
City: **Miami** **FL** **33147**

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.

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

FILE NOW: **FEE IS \$61.25** **9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Delete	PD WILLIAMS, JESSE MAE 1892 NW 83 TERR. MIAMI FL 33147	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TD WILLIAMS, NORMAN 1892 NW 83 TERR. MIAMI FL 33147	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	SO REKORD, PHYLLIS 1470 SW 103 PL MIAMI FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TD Milton Andrew 1753 NW 81 Ter Miami Fla. 33147	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 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: **Jessie Mae Williams PD** **1/15/2000** **836-2258**
Signature and typed or printed name of signing officer or director Date Daytime Phone #