## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

Daytime Phone # 0070161

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000003685 (2)

MACEDONIA CHURCH OF THE LIVING GOD, INC.

Principal Place of Business Mailing Address **B26 DIXIE AVENUE** 826 DIXIE AVENUE LEESBURG FL 34748-7646 LEESBURG FL 34748 3. Date Incorporated or Qualified 07/11/1996 3a. Date of Last Report 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 59-3373190 903 N. Chester St 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Leesburg Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, usa Yes X No Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NASH, FLEETER M Street Address (P.O. Box Number is Not Acceptable) 82 136 SHENANDOAH AVENUE 63 LADY LAKE FL 32158 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE D NAME SMALLEY, JAUNITA 1.2 NAME 903 N. CHESTER STREET 1.3 STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME MINCY, JOSEPH 2.2 NAME 36020 MAYBERRY ROAD 2.3 STREET ADDRESS STREET ADDRESS FRUITLAND PARK FL 34731 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ■ DELETE 3.1 TITLE TITLE NAME BENTLEY, CARL 3.2 NAME 8490 S.E. 147TH PL 3.3 STREET ADDRESS STREET ADDRESS SUMMERFIELD FL 34491 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME WARD, LEROY 4.2 NAME POST OFFICE BOX 490571 N/A 4.3 STREET ADDRESS STREET ADDRESS LEESBURG FL 34491 CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ■ Addition DELETE TOLE 5.1 TITLE NAME WOODALL, PRISCILLA 5.2 NAME 15845 S.E. 80TH AVENUE STREET ADDRESS 5.3 STREET ADDRESS SUMMERFIELD FL 34491 5.4 CITY - ST - ZIP CITY-ST-ZIE Change Addition DELETE 6.1 TITLE TITLE HINES, DONALD NAME 6.2 NAME STREET ADDRESS 2104 WATTMAN AVENUE 6.3 STREET ADDRESS LEESBURG FL 34748 6.4 CITY - ST - ZIP

14. I do 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.