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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N96000003685**

1. Corporation Name
MACEDONIA CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
826 DIXIE AVENUE LEESBURG FL 34748	903 N CHESTER ST LEESBURG FL 34748-4222 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/11/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3373190 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NASH, FLEETER M
136 SHENANDOAH AVENUE
LADY LAKE FL 32158

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMALLEY, JUANITA		1.2 NAME		
STREET ADDRESS	903 N. CHESTER STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MINCY, JOSEPH		2.2 NAME		
STREET ADDRESS	36020 MAYBERRY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENTLEY, CARL		3.2 NAME		
STREET ADDRESS	8490 S.E. 147TH PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34491		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WARD, LEROY		4. 2 NAME		
STREET ADDRESS	POST OFFICE BOX 490571 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34491		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOODALL, PRISCILLA		5.2 NAME		
STREET ADDRESS	15845 S.E. 80TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34491		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HINES, DONALD		6.2 NAME		
STREET ADDRESS	2104 WAITMAN AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Juanita Smalley **SIGNATURE REQUIRED** Juanita Smalley 5/5/99 352/326-5593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #