

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90039 032 *****61.25

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DOCUMENT # N96000003685

1. Entity Name

MACEDONIA CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

**826 DIXIE AVENUE
 LEESBURG FL 34748**

Mailing Address

**903 N CHESTER ST
 LEESBURG FL 34748-4222
 US**

975269



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3373190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NASH, FLEETER M
 136 SHENANDOAH AVENUE
 LADY LAKE FL 32158**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **SMALLEY, JUANITA**
 STREET ADDRESS **903 N. CHESTER STREET**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Delete
 NAME **MINCY, JOSEPH**
 STREET ADDRESS **36020 MAYBERRY ROAD**
 CITY-ST-ZIP **FRUITLAND PARK FL-34731**

TITLE **D** ☐ Delete
 NAME **BENTLEY, CARL**
 STREET ADDRESS **8490 S.E. 147TH PL**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **VD** ☐ Delete
 NAME **SMALLEY, SHEILA**
 STREET ADDRESS **4728 SPANIEL ST**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete
 NAME **WOODALL, PRISCILLA**
 STREET ADDRESS **15845 S.E. 80TH AVENUE**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **TD** ☐ Delete
 NAME **HINES, DONALD**
 STREET ADDRESS **2104 WAITMAN AVENUE**
 CITY-ST-ZIP **LEESBURG FL 34748**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Juanita Smalley* **JUANITA SMALLEY**

4/30/01

352/326-5593

CR2E037 (10/00)