CR2E037 (9/01

FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am DOCUMENT # N9600003685 **Secretary of State** 1. Entity Name 02-11-2002 90154 033 \*\*\*\*61.25 MACEDONIA CHURCH OF THE LIVING GOD, INC. Principal Place of Business Mailing Address 826 DIXIE AVENUE 903 N CHESTER ST LEESBURG FL 34748 LEESBURG FL 34748-4222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3373190 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NASH, FLEETER M 136 SHENANDOAH AVENUE LADY LAKE FL 32158 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete ☐ Addition TITL TITI É Change NÀN É SMALLEY, JUANITA NAME STRE€T ADDRESS 903 N. CHESTER STREET STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 TITLE ☐ Delete TITLE [] Change ☐ Addition NAME MINCY, JOSEPH NAME STREET ADDRESS STREET ADDRESS 36020 MAYBERRY ROAD CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Addition TITLE ☐ Delete TITLE ☐ Change BENTLEY, CARL NAME NAME STREET ADDRESS STREET ADDRESS 8490 S.E. 147TH PL CITY-ST-ZIP CITY-ST-ZIP Summerfield FL 34491 TITLE ☐ Delete TITLE Change ☐ Addition SMALLEY, SHEILA NAME NAME STREET ADDRESS 4728 SPANIEL ST STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete TITLE TITLE Change ☐ Addition WOODALL, PRISCILLA NAME NAME STREET ADDRESS 15845 S.E. 80TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD FL 34491 ☐ Addition TITLE ☐ Delete TITLE HINES, DONALD NAME STREET ADDRESS STREET ADDRESS |2104 WAITMAN AVENUE CITY-ST-ZIP LEESBURG FL 34748

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** 

SUBJUSTICATION OF SIGNING OFFICER OF DIRECTOR

1/23/02 352-326-5593