2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90081 016 ****61.25

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

Principal Place of Business	Mailing Address
1610 GRIFFIN RD LEESBURG, FL 34748	1610 GRIFFIN RD LEESBURG, FL 34748 US

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04222005 No Chg-NP CR2E037 (10/03)

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMALLEY, JUANITA
STREET ADDRESS	903 N. CHESTER STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	MINCY, JOSEPH
STREET ADDRESS	36020 MAYBERRY ROAD
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	D
NAME	BENTLEY, CARL
STREET ADDRESS	8490 S.E. 147TH PL
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	VD
NAME	SMALLEY, SHEILA
STREET ADDRESS	~~4728 SPANIEL ST~~ 903 N. Chester St
CITY-ST-ZIP	~~ORLANDO, FL 32818~~ Leesburg, FL 34748
TITLE	D
NAME	WOODALL, PRISCILLA
STREET ADDRESS	15845 S.E. 80TH AVENUE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	TD
NAME	HINES, DONALD
STREET ADDRESS	2104 WAITMAN AVENUE
CITY-ST-ZIP	LEESBURG, FL 34748

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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 M. Smalley 4/27/05 352-326-5593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #