

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90343 027 \*\*\*\*61.25

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N96000003685</b>                                    |  |
| 1. Entity Name<br><b>MACEDONIA CHURCH OF THE LIVING GOD, INC.</b> |                                                                                   |

|                                                                              |                                                                     |
|------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>1610 GRIFFIN RD<br/>LEESBURG, FL 34748</b> | Mailing Address<br><b>1610 GRIFFIN RD<br/>LEESBURG, FL 34748 US</b> |
|------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                                                                    |                                                        |
|------------------------------------------------------------------------------------|--------------------------------------------------------|
|  |                                                        |
| 04182006 Chg-NP                                                                    | CR2E037 (11/05)                                        |
| 4. FEI Number<br><b>59-3373190</b>                                                 | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75</b> Additional Fee Required                  |

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                          |  |
| <b>NASH, FLEETER M<br/>136 SHENANDOAH AVENUE<br/>LADY LAKE, FL 32158</b> |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | 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. I am familiar with, and accept the obligations of registered agent. |            |
| SIGNATURE _____                                                                                                                                                                                                               | DATE _____ |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                     |            |

|                                                     |                                                                                                                        |                                                              |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                            | 11. S AND DIRECTORS IN 10                      |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SMALLEY, JUANITA<br>903 N. CHESTER STREET<br>LEESBURG, FL 34748 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MINCY, JOSEPH<br>36020 MAYBERRY ROAD<br>FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BENTLEY, CARL<br>8490 S.E. 147TH PL<br>SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SMALLEY, SHEILA<br>903 N CHESTER STREET<br>LEESBURG, FL 34748 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WOODALL, PRISCILLA<br>15845 S.E. 80TH AVENUE<br>SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HINES, DONALD<br>2104 WAITMAN AVENUE<br>LEESBURG, FL 34748 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

*Please correct  
the spelling of the  
first name  
Shelia. Thanks*

*Smalley, Shelia*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                     |
| <b>SIGNATURE:</b> <i>Juanita Smalley</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>352-326-5593</b>                 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <small>Date Daytime Phone #</small> |