

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003685**

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



Principal Place of Business

**1610 GRIFFIN RD  
LEESBURG, FL 34748**

Mailing Address

**1610 GRIFFIN RD  
LEESBURG, FL 34748 US**



03292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000880348  
04/15/08-80057-015 61.25

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 **8450 SE 147TH PL**  
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE VD  
NAME **SMALLEY, SHELIA**  
STREET ADDRESS **2109 SIMMONS AVENUE**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE D  
NAME **MADISON, PRISCILLA**  
STREET ADDRESS **8050 SE 157TH PL**  
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE TD  
NAME **HINES, DONALD**  
STREET ADDRESS **34318 RADIO ROAD**  
CITY-ST-ZIP **LEESBURG, FL 34788**

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/08

Date

352-326-5593

Daytime Phone #