

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003685

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

1610 GRIFFIN RD
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

1610 GRIFFIN RD
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-3373190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMALLEY, JUANITA
Address: 903 N. CHESTER STREET
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: MINCY, JOSEPH
Address: 36020 MAYBERRY ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: BENTLEY, CARL
Address: 8450 SE 147TH PL
City-St-Zip: SUMMERFIELD, FL 34491

Title: VD () Delete
Name: SMALLEY, SHELIA
Address: 2109 SIMMONS AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: MADISON, PRISCILLA
Address: 8050 SE 157TH PL
City-St-Zip: SUMMERFIELD, FL 34491

Title: TD () Delete
Name: HINES, DONALD
Address: 34318 RADIO ROAD
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA M. SMALLEY

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date