## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600003685

1. Entity Name

MACEDONIA CHURCH OF THE LIVING GOD, INC.



**FILED** Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90131 025 \*\*\*\*61.25

LESSURG R. 94764  LESSURG R. 94764  2. Principal Place of Bueness 1610 Criffin Road  1610							GO WE T	3/							
Solid   Criffin Road   Solid   Solid   Control   Contr	Principal Place of Business 826 DIXIE AVENUE LEESBURG FL 34748				903 N CHESTER ST LEESBURG FL 34748-4222				 	11 <b>8 8</b> 118 <b>18</b> 118 <b>281</b> 8 8 <b>8</b> 1	11 <b>8 8</b> 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8				
Sulle, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   Lee aburg   FL   Lee abu	2. Principal Place of Business				•										
Leesburg, FL    Country   USA   34 748   USA   3.0   Country   S. Conflicato of Status Desired   S. S. Additional   Foo Required									CHECK HERE IF MAKING CHANGES						
34 74.8 USA 34 74.8 USA 5. Certificate of Status Desired September 1. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent									4. FEI Number <b>59-3373190</b>			<del></del>	<del></del>		
Signature    Name and Address of Curront Registered Agent   Name	Zip Country								5 Certificate of Status Desired S8.75 Addi			ditional	1		
NaSH, FLETER M 136 SHENANDOAH AVENUE LADY LAKE FL 32158  City FL Zip Code  8. The above named entry submits his 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 colligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Added to Fees Ad		6. Name	and Address of Current	Register	jistered Agent									1	
NASH, FLEETER M 136 SHENADOAH AVENUE LOY LIKE FL 2158  City FL 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 me obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  SIRRET ADDRESS			<del></del>			-	Name			· · · · · · · · · · · · · · · · · · ·				1_	
a. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered algent, or both. In the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the familiar with and accept the state of Florida. I am familiar with and accept the familiar with and accep	NASH, FLEETER M						Street Add	ress (I			· · · · · · · · · · · · · · · · · · ·	- <del></del> -	<u> </u>		
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  SIGNATUR	LADY LA	KE FL 32158	3												
THE NOW: FEE IS \$61.25    SECONDATURE   Structure, typood or permitted name of implacement against and what is applicable.   INCITE, Registered Agant agreement accurate what mentation(p)   INCITE, Registered Agant agreement accurate which mentation(p)   INCITE, Registered Agant agreement accurate which mentation(p)   INCITE, Registered Added to Fees   INCITE, Adde							City				FL	Zip Cod	е		
FILE NOW: FEE IS \$61.25  PILE NOW: FEE IS	the obligat			the purp	oose of changing its	registere	ed office or re	gister	ed agent, or both, in	the State of Florida	a. Iam fan	niliar with,	and accept		
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   SMALLEY, JUANITA   Delete   TITLE   MAME   M	SIGNATURE .	Signature, typed o	r printed name of registered agent a	ind title if ap	plicable. (NOTE:	Registere	d Agent signature i	required	when reinstating)		DATE				
TITLE P SMALLEY, JUANITA   Delete   TITLE   NAME   STREET ADDRESS   STREET	FILE MUMY: FEE 10 JOLL20														
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NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BENTLEY, 8490 S.E.	Carl 147th Pl		- □·Delete	NAM STRE	E ET ADDRESS	*** x <del> x</del>	ه د پارهند چینوی د	, and the second se	- ःक्ष <sub>ालक</sub> <u>-</u>	-]-Change	☐ Addition		
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HINES, DOI 2104 WAITI LEESBURG	MAN AVENUE FL 34748	this filing	•	name Strei City-	ET ADDRESS -ST-ZIP	in So	ction 119 (7/2Vi) Ele	rida Statutoe Usur					

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:

1/21/03

352-326-5593