

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

2/

02-01-2005 90029 004 ****70.00

DOCUMENT # N97000004916					
1. Entity Name NEW MACEDONIA MINISTRIES AND RESOURCES, INC.					
Principal Place of Business 502 BOONE AVE. PAHOKEE, FL 33476			Mailing Address 502 BOONE AVE. PAHOKEE, FL 33476		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0810173	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BARRETT, JOHN H 248 BANYAN AVE. PAHOKEE, FL 33476			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 the obligations of registered agent. SIGNATURE <u>Robert Phillips</u> (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, BOBBY G 502 BOONE AVE. PAHOKEE, FL 33476 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNAIR, EFFIE 502 BOONE AVE. PAHOKEE, FL 33476 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D JALE, JULIA 465 FRIEND TERRACE (465) PAHOKEE, FL 33476 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MCALLISTER, VIRGIE L 502 BOONE AVE PAHOKEE, FL 33476 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUNTER, BERTHA V/D 502 BOONE AVE. PAHOKEE, FL 33476 ☒ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCALLISTER, VIRGELEE 502 BOONE AVE. PAHOKEE, FL 33476 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, JEANNIE S/T/D 502 BOONE AVE. PAHOKEE, FL 33476 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS, ROBERT 502 BOONE AVE PAHOKEE, FL 33476 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, ROBERT 502 BOONE AVE. PAHOKEE, FL 33476 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT BARRETT, EFFIE 502 BOONE AVE PAHOKEE, FL 33476 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT/D BARRETT, EFFIE 248 BANYAN AVE PAHOKEE, FL 33476 ☒ Change ☐ Addition		
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: <u>John H. Barrett</u>		SIGNATURE: <u>John H. Barrett</u>		Date: <u>1/11/05</u> 561-924-5913	

Bobby Gene Kennedy

3/6/05 - 561-924-7290