

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 08:00 AM
Secretary of State

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**



05142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0810173

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARRETT, JOHN H
248 BANYAN AVE.
PAHOKEE, FL 33476**

**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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KENNEDY, BOBBY G
STREET ADDRESS 502 BOONE AVE.
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE MD
NAME JALE, JULIA
STREET ADDRESS 465 FRIEND TERRACE
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE VD
NAME HUNTER, BERTHA
STREET ADDRESS 502 BOONE AVE
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE STD
NAME BROWN, JEANNIE
STREET ADDRESS 502 BOONE AVE.
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE D
NAME PHILLIPS, ROBERT
STREET ADDRESS 502 BOONE AVE
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE ASAT
NAME BARRETT, EFFIE
STREET ADDRESS 248 BANYAN AVE
CITY-ST-ZIP PAHOKEE, FL 33476

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06/12/07-80005-002 70.00

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/17/07