2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# N97000004916

Entity Name: NEW MACEDONIA MINISTRIES AND RESOURCES, INC.

Current Principal Place of Business:

502 BOONE AVE.
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

502 BOONE AVE.
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 65-0810173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARRETT, JOHN H
248 BANYAN AVE.
PAHOKEE, FL 33476 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: PD ( ) Delete
Name: KENNEDY, BOBBY G
Address: 502 BOONE AVE.
City-St-Zip: PAHOKEE, FL 33476

Title: MD ( ) Delete
Name: JALE, JULIA
Address: 465 FRIEND TERRACE
City-St-Zip: PAHOKEE, FL 33476

Title: VD ( ) Delete
Name: HUNTER, BERTHA
Address: 502 BOONE AVE
City-St-Zip: PAHOKEE, FL 33476

Title: STD ( ) Delete
Name: BROWN, JEANNIE
Address: 502 BOONE AVE.
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete
Name: PHILLIPS, ROBERT
Address: 502 BOONE AVE
City-St-Zip: PAHOKEE, FL 33476

Title: ASAT ( ) Delete
Name: BARRETT, EFFIE
Address: 248 BANYAN AVE
City-St-Zip: PAHOKEE, FL 33476

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: JEANIE BROWN MRS. 08/29/2008
Electronic Signature of Signing Officer or Director — Date