

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000004916

FILED
Nov 04, 2009
Secretary of State

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: JOHN H BARRETT

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: PD (X) Change () Addition
Name: MORRISON, SR, CARL R
Address: 2587 SW 14TH TER
City-St-Zip: PAHOKEE, FL 33476

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: JOHN H BARRETT

Electronic Signature of Signing Officer or Director

RA

11/04/2009

Date