# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2005**
**Secretary of State**

DOCUMENT# N97000005730

**Entity Name:** MACEDONIA COMMUNITY OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

3515 SW 37TH AVENUE
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3515 SW 37TH AVENUE
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPARKS, ROSLYN S
3090 HIBISCUS ST.
MIAMI, FL 33133 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: T ( ) Delete
Name: DAVIS, ROBERT
Address: 3821 THOMAS AVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: LEE, DOROTHY P
Address: 3459 PERCIVAL AVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: WALLACE, DOROTHY M
Address: 12605 S.W. 93 AVE
City-St-Zip: MIAMI, FL 33176

Title: P ( ) Delete
Name: SPARKS, ROSLYN
Address: 3090 HIBISCUS ST
City-St-Zip: MIAMI, FL 33133

Title: FMS ( ) Delete
Name: HALL, CAROL B
Address: 6239 SW 59 ST
City-St-Zip: MIAMI, FL 33146

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN DONALDSON D 04/27/2005

Electronic Signature of Signing Officer or Director — Date