2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005730

FILED Apr 29, 2009 Secretary of State

Entity Name: MACEDONIA COMMUNITY OUTREACH MINISTRIES, INC.

	Principal Place of Busine	ss:	New Principal P	lace of Business:	
3515 SW MIAMI, FL	37TH AVENUE . 33133 US				
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
	37TH AVENUE				
MIAMI, FL	. 33133 US				
FEI Numbei	r: 65-0843562 FEI Numb	er Applied For()	FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and	d Address of Current Re	gistered Agent:	Name and Addre	ess of New Registered Agent:	
	ROSLYN S SCUS ST. . 33133 US				
	e named entity submits this e of Florida.	statement for the	purpose of changing its regi	stered office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Signatur	e of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	T () Delete BENTLEY, JR, TWYMAN E 3340 FLORIDA AVENUE MIAMI, FL 33133 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
	SD () Doloto		Title:	() Change () Addition	
Name: Address:	SD () Delete LEE, DOROTHY P 3459 PERCIVAL AVE MIAMI, FL 33133 US		Name: Address: City-St-Zip:		
Name: Address: City-St-Zip: Title: Name: Address:	LEE, DOROTHY P 3459 PERCIVAL AVE		Name: Address:	()Change ()Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	LEE, DOROTHY P 3459 PERCIVAL AVE MIAMI, FL 33133 US D () Delete WALLACE, DOROTHY M 12605 S.W. 93 AVE MIAMI, FL 33176 US PD () Delete SPARKS, ROSLYN 3090 HIBISCUS ST		Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	LEE, DOROTHY P 3459 PERCIVAL AVE MIAMI, FL 33133 US D () Delete WALLACE, DOROTHY M 12605 S.W. 93 AVE MIAMI, FL 33176 US PD () Delete SPARKS, ROSLYN 3090 HIBISCUS ST		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: TWYMAN E. BENTLEY, JR. T 04/29/2009