

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714709

**Entity Name:** MACEDONIA MISSIONARY BAPTIST CHURCH OF  
MELBOURNE, INC.**Current Principal Place of Business:**2729 LIPSCOMB STREET  
MELBOURNE, FL 32901-6022**Current Mailing Address:**P.O. BOX 1602  
MELBOURNE, FL 32902-1602 US**FEI Number: 62-1394027****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADELAKUN, LORETTA  
1951 THORNWOOD DR SE  
PALM BAY, FL 32909 US*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

**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | PD                  |
| Name            | HARRIS, NATHANIEL L |
| Address         | 1114 PEACOCK AVE    |
| City-State-Zip: | PALM BAY FL 32907   |

|                 |                        |
|-----------------|------------------------|
| Title           | VPD                    |
| Name            | BAILEY,JOHN            |
| Address         | 380 LEMON ST           |
| City-State-Zip: | SATELLITE BCH FL 32937 |

|                 |                    |
|-----------------|--------------------|
| Title           | TD                 |
| Name            | BEAL,PATRICIA      |
| Address         | 1040 NEWBERN ST NE |
| City-State-Zip: | PALM BAY FL 32905  |

|                 |                   |
|-----------------|-------------------|
| Title           | SD                |
| Name            | TILLMAN,ROSA      |
| Address         | 147 BINNEY ST NE  |
| City-State-Zip: | PALM BAY FL 32907 |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | GREENIDGE,CLARENCE |
| Address         | 1802 SURREY COURT  |
| City-State-Zip: | VIERA FL 32955     |

|                 |                   |
|-----------------|-------------------|
| Title           | D                 |
| Name            | MOSES,JACQUELINE  |
| Address         | 1880 WADENA ST NW |
| City-State-Zip: | PALM BAY FL 32907 |

*I hereby 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 all other like empowered.*

**SIGNATURE: LORETTA ADELAKUN****REGISTERED AGENT****04/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date