

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721578

Entity Name: MACEDONIA MISSIONARY BAPTIST CHURCH OF EATONVILLE
FL, INC.**FILED**
Mar 01, 2023
Secretary of State
0707322607CC**Current Principal Place of Business:**412 E. KENNEDY BLVD.
EATONVILLE, FL 32751**Current Mailing Address:**P. O. BOX 940515
MAITLAND, FL 32794 US**FEI Number: 59-1715085****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WALKER, CHERYL
412 E. KENNEDY BLVD.
EATONVILLE, FL 32751 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 TRUSTEE CHAIR
Name TORBERT, JACQUELINE
Address P. O. BOX 940515
City-State-Zip: MAITLAND FL 32794-0515Title DEACON EMERITUS
Name WILLIAMS, ERNEST
Address 459 SUNNYVIEW CIR.
City-State-Zip: ORLANDO FL 32810Title TTEE
Name DEXTER, EDDIS
Address P. O. BOX 941307
City-State-Zip: MAITLAND FL 32794Title PASTOR
Name BARNES, WILLIE C
Address 7656 ST. STEPHENS COURT
City-State-Zip: ORLANDO FL 32835

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: JACQUELINE W. TORBERT**TRUSTEE CHAIR****03/01/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date