

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34622

**Entity Name:** MACEDONIA PRIMITIVE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1240 NORTH OHIO AVENUE  
LAKELAND, FL 33805

**Current Mailing Address:**

P.O. BOX 24240  
LAKELAND, FL 33802

**FEI Number:** 59-2738171

**Certificate of Status Desired:** Yes

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

WILLIAMS, PATRICIA  
609 W MAGNOLIA STREET  
LAKELAND, FL 33815 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 ELDER / PASTOR  
Name BROWN, ANTHONY  
Address P.O. BOX 24240  
City-State-Zip: LAKELAND FL 33802

Title DEACON / CHAIR  
Name MOODY, EDWARD  
Address P.O. BOX 24240  
City-State-Zip: LAKELAND FL 33802

Title TREASURER / TRUSTEE  
Name PATRICIA , WILLIAMS  
Address P.O. BOX 24240  
City-State-Zip: LAKELAND FL 33802

Title FINANCIAL SECRETARY / TRUSTEE  
Name MOODY, MONIQUE  
Address P.O. BOX 24240  
City-State-Zip: LAKELAND FL 33802

Title RECORDING SECRETARY / TRUSTEE  
Name PATTERSON, DEBRA  
Address P.O. BOX 24240  
City-State-Zip: LAKELAND FL 33802

Title TRUSTEE  
Name CANADA, LEROY  
Address P.O. BOX 24240  
City-State-Zip: LAKELAND FL 33802

*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:** MONIQUE MOODY

**FINANCIAL SECRETARY / 03/13/2013  
TRUSTEE**

Electronic Signature of Signing Officer/Director Detail

Date