

2014 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 FULLER, VIRGIL
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

TRUSTEE

04/03/2014

Electronic Signature of Signing Officer/Director Detail_____
Date