

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 08, 2004  
Secretary of State**

DOCUMENT# N00264

Entity Name: MACEDONIAN MINISTRIES, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

601 EAST AIRPORT FREEWAY  
EULESS, TX 76039 US

**Current Mailing Address:**

**New Mailing Address:**

PO BOX 210304  
BEDFORD, TX 76095 US

FEI Number: 59-2363884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

AUSLEY, CARLYLE J  
1107 E. SILVER SPRINGS BLVD. #2  
OCALA, FL 32670 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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: FISHER, FARRELL,  
Address: 1809 ROLLINGWOOD CT.  
City-St-Zip: BEDFORD, TX 76021

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS ( ) Delete  
Name: BAIRD, THOMAS,  
Address: 707 W. THOMPSON AVE.  
City-St-Zip: TEMPLE, TX 76501

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DPT ( ) Delete  
Name: FISHER, SCOTT W  
Address: 1813 COVENTRY DRIVE  
City-St-Zip: BEDFORD, TX 76021

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT W. FISHER

DPT

09/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date