

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00264

FILED
Sep 16, 2008
Secretary of State

Entity Name: MACEDONIAN MINISTRIES, INC.

Current Principal Place of Business:

601 EAST AIRPORT FREEWAY
SUITE #123
EULESS, TX 76039 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 210304
BEDFORD, TX 76095 US

New Mailing Address:

FEI Number: 59-2363884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: FISHER, JAMES F
Address: 1809 ROLLINGWOOD CT.
City-St-Zip: BEDFORD, TX 76021

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

09/16/2008

Electronic Signature of Signing Officer or Director

_____ Date