DOCUMENT# N01000004185 Entity Name: MACEDONIA MISSIONARY BAPTIST CHURCH OF POLK CITY, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

636 SMITH RD. POLK CITY, FL 33868

Current Mailing Address:

636 SMITH RD. POLK CITY, FL 33868 US

FEI Number: 42-1528346

Name and Address of Current Registered Agent:

DAVIS, JAMES 626 SMITH RD. POLK CITY, FL 33868 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

| Title | D | Title | D |
|-----------------|--------------------|-----------------|--------------------|
| Name | BYRD, CLIFFORD L | Name | BROWN, MENDELL S |
| Address | 619 SMITH RD. | Address | 710 SMITH ROAD |
| City-State-Zip: | POLK CITY FL 33868 | City-State-Zip: | POLK CITY FL 33868 |
| Title | D | Title | D |
| Name | DAVIS, SHARON D | Name | BYRD, DEBORIA D |
| Address | 626 SMITH ROAD | Address | 619 SMITH ROAD |
| City-State-Zip: | POLK CITY FL 33868 | City-State-Zip: | POLK CITY FL 33868 |
| Title | D | | |
| Name | ANDERSON, LUCY A | | |
| Address | 405 SUNRISE BLVD | | |
| City-State-Zip: | POLK CITY FL 33868 | | |
| | | | |

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: CLIFFORD L. BYRD

DIRECTOR

01/26/2013

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 26, 2013 Secretary of State CC0604258082