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

2014 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

02/08/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 08, 2014 Secretary of State CC1847784191