

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004185

1. Entity Name

MACEDONIA MISSIONARY BAPTIST CHURCH OF POLK CITY, INC.

Principal Place of Business

Mailing Address

636 SMITH RD.
POLK CITY FL 33868

636 SMITH RD.
POLK CITY FL 33868

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, JAMES
636 SMITH RD.
POLK CITY FL 33868

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 *James Davis*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXSON, THEORIUS P.O. BOX 302 POLK CITY FL 33868	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINES, LAWRENCE 1460 9TH CT. N.E. WINTER HAVEN FL 33881	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JAMES 636 SMITH RD. POLK CITY FL 33868	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXSON, MOZELL SR. 1730 LAGOON RD. LAKE LAND FL 33803	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, DORETHA 636 SMITH RD. POLK CITY FL 33868	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, MICHELE 858 PADGETT PLACE SOUTH LAKE LAND FL 33809	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLIFFORD BYRD 626 SMITH ROAD POLK CITY FL 33868	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CYNTHIA BYRD 2270 1ST STREET N W WINTER HAVEN, FL 33881	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

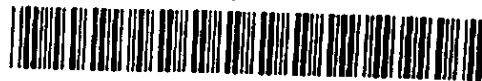
Date

Daytime Phone #

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-20-2002 90017 010 ****61.25

91278



DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1528346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2007 (9/01)