2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State
05-20-2002 90017 010 ****61.25

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

91278

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 42-1528346 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 4-7-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 10	
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	T CLIFFORD BYRD 626 SMITH ROAD POLK CITY FL, 33868 ☐ Change ☒ Addition
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	T ☒ Change ☐ Addition
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	T ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AXSON, MOZELL SR. 1730 LAGOON RD. LAKELAND FL 33803	☒ Delete	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	~~D~~ BYRD, DORETHA 636 SMITH RD. POLK CITY FL 33868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ BAKER, MICHELE 858 PADGETT PLACE SOUTH LAKELAND FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☒ Change ☐ Addition

CR2E037 (9/01)

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: Michele Baker Michele P. Baker, Secretary 4-7-02 863-984-8209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #