

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004185

**Entity Name:** MACEDONIA MISSIONARY BAPTIST CHURCH OF POLK CITY, INC.

**FILED**  
**Feb 17, 2024**  
**Secretary of State**  
**6517822003CC**

**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**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MACEDONIA MISSIONARY BAPTIST CHURCH  
626 SMITH RD.  
POLK CITY, FL 33868 US

*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:** CLIFFORD L BYRD

**02/17/2024**

Electronic Signature of Registered Agent

Date

**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		
Name	DAVIS, SHARON D		
Address	626 SMITH ROAD		
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 LEE BYRD

**D**

**02/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date