

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90657 029 ****61.25

DOCUMENT # N01000004185

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



Principal Place of Business
**636 SMITH RD.
POLK CITY, FL 33868**

Mailing Address
**636 SMITH RD.
POLK CITY, FL 33868**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
42-1528346

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **BYRD, CLIFFORD**
STREET ADDRESS **626 SMITH RD.**
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **HINES, LAWRENCE**
STREET ADDRESS **1460 9TH CT. N.E.**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DAVIS, JAMES**
STREET ADDRESS **636 SMITH RD.**
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **BYRD, DORETHA**
STREET ADDRESS **636 SMITH RD.**
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE ☒ Change ☐ Addition
NAME **S DIXON, WANDA Patrick-**
STREET ADDRESS **1310 5th Street**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE ☐ Delete
NAME **BAKER, MICHELE**
STREET ADDRESS **858 PADGETT PLACE SOUTH**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELE BAKER
CHURCH SECRETARY

4-29-04
Date

863-984-8207
Daytime Phone #