2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachm

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # N01000004185 1. Entity Name 04-29-2005 90223 027 ****61.25 MACEDONIA MISSIONARY BAPTIST CHURCH OF POLK CITY, INC. Principal Place of Business Mailing Address 636 SMITH RD. 636 SMITH RD. POLK CITY FL 33868 POLK CITY FL 33868 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 42-1528346 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, JAMES Street Address (P.O. Box Number is Not Acceptable) 636 SMITH RD. POLK CITY FL 33868 City 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 (NOTE Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Ø ☐ Addition Change TITLE □ Delete TITLE BYRD, CLIFFORD NAME NAME 626 SMITH RD. STREET ADDRESS STREET ADDRESS POLK CITY FL 33868 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition DAVIS, JAMES NAME NAME 636 SMITH RD. STREET ADDRESS STREET ADDRESS POLK CITY FL 33868 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete BAKER, MICHELE 858 PADGETT PLACE SOUTH STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 CiTY-ST-7iP CITY-ST-7IP Delete Change Addition TITLE TITLE DIXON, WANDA-PATRICK NAME 1310 5TH ST STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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