

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-NP CR2E037 (4/06)

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

**DAVIS, JAMES
636 SMITH RD.
POLK CITY, FL 33868**

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IN THIS SPACE**

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 restate) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, CLIFFORD 626 SMITH RD. POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, JAMES 636 SMITH RD. POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXSON, THEORIUS 636 SMITH RD POLK CITY, FL 33868
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04/08/08-80038-005 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JAMES DAVIS** 3-19-08 (863) 984-3767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #