

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011123

**Entity Name:** MACEDONIA COMMUNITY CHURCH OF SOPCHOPPY, INC.

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC3783814288**

**Current Principal Place of Business:**

1085 SOPCHOPPY HWY  
SOPCHOPPY, FL 32358

**Current Mailing Address:**

P.O. BOX 71  
SOPCHOPPY, FL 32358

**FEI Number: 27-0428901**

**Certificate of Status Desired: Yes**

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

NELSON, ALFRED SR.  
93 BAPTIST HILL ROAD  
SOPCHOPPY, FL 32358 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name NELSON, ALFRED SR.  
Address 93 BAPTIST HILL ROAD  
City-State-Zip: SOPCHOPPY FL 32358

Title D/VP  
Name ROSIER, MERIDDIE  
Address 120 SURF ROAD  
City-State-Zip: SOPCHOPPY FL 32358

Title D/T  
Name KILPATRICK, ANTONIO  
Address 74 ALLEN GREEN ROAD  
City-State-Zip: SOPCHOPPY FL 32358

Title D/S  
Name GREEN, MARY  
Address 93 ALLEN GREEN ROAD  
City-State-Zip: SOPCHOPPY FL 32358

Title D  
Name GREEN, BETTY  
Address 58 ALLEN GREEN ROAD  
City-State-Zip: SOPCHOPPY FL 32358

Title MEMBER  
Name GREEN, JAMES  
Address 115 ALLEN GREEN ROAD  
City-State-Zip: SOPCHOPPY FL 32358

*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: MARY J. GREEN**

**FINANCE ASSIST  
SECRETARY**

**02/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date