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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:15

DOCUMENT # N29931 (5)

1. Corporation Name

MACEDONIA MISSIONARY BAPTIST CHURCH OF BLOUNTSTOWN, INC.

Principal Place of Business	Mailing Address
C/O MARVA A. DAVIS P. O. BOX 159 BLOUNTSTOWN FL 32424 US	C/O MARVA A. DAVIS P. O. BOX 159 BLOUNTSTOWN FL 32424 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1988
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2956424 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Church /See #1	26 P.O. Box 159
22 Suite, Apt. #, etc. P.O. Box 159	27 Suite, Apt. #, etc.
23 City & State Blountstown, F	28 City & State
24 Zip Florda 25 Country Calhun	29 Zip 30 Country

9. Name and Address of Current Registered Agent

LEE, LONNIE J.,
1000 WARD RD.
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Lonnie J. Lee DMCon 2/06/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ENGRAM, RUDOLPH	1.2 NAME	
STREET ADDRESS	1015 WARD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LEE, LONNIE J.	2.2 NAME	
STREET ADDRESS	1000 WARD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, WALTER	3.2 NAME	
STREET ADDRESS	424 LOCKWOOD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, BERNICE	4.2 NAME	
STREET ADDRESS	P O BOX 109 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	Burkes, Eddie W. T ☑ Change ☐ Addition
NAME	~~ENGRAM, MARY J.~~	5.2 NAME	P.O. Box 22-NA
STREET ADDRESS	~~1015 WARD RD~~	5.3 STREET ADDRESS	Blountstown
CITY-ST-ZIP	~~BLOUNTSTOWN FL~~	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lonnie J. Lee 1-23-95 904-674-5608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028750