

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29931

FILED
Mar 10, 2009
Secretary of State

Entity Name: MACEDONIA MISSIONARY BAPTIST CHURCH OF BLOUNTSTOWN, INC.

Current Principal Place of Business:

C/O MARVA A. DAVIS
P. O. BOX 159
BLOUNTSTOWN, FL 32424 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 159
BLOUNTSTOWN, FL 32424 US

New Mailing Address:

FEI Number: 59-2956424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, ROBERT
5803 BOMBADIL CT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BAKER, KATHERINE
Address: 16151 S. E. PALM ST.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: TR () Delete
Name: WILLIAMS, JOE B
Address: 17490 NW GUILFORD CIR.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T () Delete
Name: LEE, MARTHA
Address: 20833 SE DAVIDO CIR
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T () Delete
Name: HARPER, BERNICE,
Address: P O BOX 109 N/A
City-St-Zip: BLOUNTSTOWN, FL

Title: D () Delete
Name: BURKES, EDDIE L
Address: P O BOX 22 N/A
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: P () Delete
Name: BAKER, ROBERT ELDER
Address: 5803 BOMBADIL CT
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT E BAKER

REV

03/10/2009

Electronic Signature of Signing Officer or Director

Date