

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
12/29/1988

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P O Box 159

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 Zip

Country

24 32424 25 29 30 Calhoun

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ENGRAM, RUDOLPH
STREET ADDRESS 1015 WARD RD
CITY-ST-ZIP BLOUNTSTOWN FL 32424

☐ DELETE

TITLE D
NAME LEE, LONNIE J.
STREET ADDRESS 1000 WARD RD.
CITY-ST-ZIP BLOUNTSTOWN FL 32424

☐ DELETE

TITLE D
NAME HARPER, WALTER
STREET ADDRESS 424 LOCKWOOD AVENUE
CITY-ST-ZIP BLOUNTSTOWN FL 32424

☐ DELETE

TITLE Y
NAME HARPER, BERNICE
STREET ADDRESS P O BOX 109 N/A
CITY-ST-ZIP BLOUNTSTOWN FL

☐ DELETE

TITLE Y
NAME BURKES, EDDIE L
STREET ADDRESS P O BOX 22 N/A
CITY-ST-ZIP BLOUNTSTOWN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96
Date

904-674-5608
Daytime Phone #