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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**P O BOX 159
P. O. BOX 159
BLOUNTSTOWN FL 32424-0159
US**

3. Date Incorporated or Qualified **12/29/1988** 3a. Date of Last Report **06/14/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2056424

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **Jerome Houston Jr** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **Blountstown, FL**
1.4 CITY-ST-ZIP **32424**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: *[Signature]* **SIGNATURE REQUIRED**

5-5-97 (904) 674 6608

Date

Daytime Phone #00000000

CR2E037 (9/96)