

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90045 014 ****61.25

DOCUMENT # N29931

1. Corporation Name

MACEDONIA MISSIONARY BAPTIST CHURCH OF BLOUNTSTOWN, INC.

Principal Place of Business

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

Mailing Address

P O BOX 159
P. O. BOX 159
BLOUNTSTOWN FL 32424
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/29/1988

4. FEI Number

59-2956424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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 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 ☒ DELETE

NAME **HOUSTON, JEROME D**

STREET ADDRESS **1015 WARD RD**

CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE ☐ DELETE

NAME **LEE, LONNIE J.**

STREET ADDRESS **1000 WARD RD.**

CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☒ DELETE

NAME **HARPER, WALTER**

STREET ADDRESS **424 LOCKWOOD AVENUE**

CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ DELETE

NAME **HARPER, BERNICE**

STREET ADDRESS **P O BOX 109 N/A**

CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE ☐ DELETE

NAME **BURKES, EDDIE L**

STREET ADDRESS **P O BOX 22 N/A**

CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Trustee Solomon, Reginald**

1.3 STREET ADDRESS **P O Box 896**

1.4 CITY-ST-ZIP **Blountstown, FL 32424**

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 **Trustee Williams, Mark**

3.3 STREET ADDRESS **1008 Ward Road**

3.4 CITY-ST-ZIP **Blountstown, FL 32424**

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 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

Daytime Phone #

CR2E037 (11/98)