2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 29, 2000 8:00 am Secretary of State DOCUMENT # N29931 1. Entity Name MACEDONIA MISSIONARY BAPTIST CHURCH OF BLOUNTSTO 08-29-2000 90032 026 ****61.25 Principal Place of Business Mailing Address C/O MARVA A. DAVIS P O BOX 159 P. O. BOX 159 P. O. BOX 159 **BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424** 2 Principal Place of Business 3. Mailing Address りいひいに Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-2956424 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Tho Street Address (P.O. Box Number is Not Acceptable) LEE, LONNIE J., 1000 WARD RD. BLOUNTSTOWN FL-32424 8. 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. X Change ☐ Delete ŤITI E Addition TITLE SOLOMON, REGINALD mary 2 NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 896 CITY-ST-7IP CITY-ST-ZIP **BLOUNTSTOWN FL 32424** TITLE ☐ Delete TITLE ☐ Change LEE, LONNIE J. NAME NAME STREET ADDRESS STREET ADDRESS 1000 WARD RD. CITY-ST-ZIP CITY-ST-ZIP **BLOUNTSTOWN FL 32424** TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, MARK NAME STREET ADDRESS 1008 WARD ROAD STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL 32424** CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition HARPER, BERNICE NAME P O BOX 109 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL** CITY-ST-ZIP 14.32424 TITI F ☐ Detete TITLE ☐ Change BURKES, EDDIE L NAME NAME STREET ADDRESS P O BOX 22 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOUNTSTOWN FL** ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: