

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N29931**

1. Entity Name

MACEDONIA MISSIONARY BAPTIST CHURCH OF BLOUNTSTO

Principal Place of Business

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

Mailing Address

P. O. BOX 159
BLOUNTSTOWN FL 32424
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2956424

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ANDREW, MARY L	Deaconess
STREET ADDRESS	624 S PEAR ST	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, LONNIE J.	Deacon
STREET ADDRESS	1000 WARD RD.	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MARK	Trustess
STREET ADDRESS	1008 WARD ROAD	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARPER, BERNICE	Trustess
STREET ADDRESS	P O BOX 109 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKES, EDDIE L	Deacon
STREET ADDRESS	P O BOX 22 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Elder Robert Bate	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5803 Bombardier Ct.	
STREET ADDRESS	Tallahassee Fl. 32303	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Elder Robert Bate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/2001

Date

Daytime Phone #

Date

Daytime Phone #

CR2037 (10/00)

Date

Daytime Phone #