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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION-
ANNUAL REPORT
1997



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

DOCUMENT # N94000003508 (8)

1. Corporation Name

MACEDONIA BAPTIST CHURCH OF LEE, INC.



Principal Place of Business

Mailing Address

RT. 1, BOX 2690
LEE FL 32059

% JUNIOR SMITH
ROUTE 4, BOX 865
MADISON FL 32340-8708

3. Date Incorporated or Qualified
07/15/1994

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
59-2352927
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

WILLIAMS, RAY L SR.
1845 PINE STREET
MADISON FL 32340

81 Name
Glen Luttrell
82 Street Address (P.O. Box Number Is Not Acceptable)
Rt. 1, Box 2690
83
84 City Lee FL 85 Zip Code 32059

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

Glen H. Luttrell, Pastor

4-20-97

(Signature, typed or printed name of registered agent and title is applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RAY L SR.	
STREET ADDRESS	1845 PINE STREET	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOKES, ROBERT D	
STREET ADDRESS	ROUTE 4, BOX 1935	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONCRIEF, JAMES D	
STREET ADDRESS	ROUTE 1, BOX 1980	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWIFT, LEON A	
STREET ADDRESS	ROUTE 4, BOX 1040	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RHOADES, ALVERA W	
STREET ADDRESS	ROUTE 2, BOX 1188	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, JUNIOR	
STREET ADDRESS	ROUTE 4, BOX 8658	
CITY-ST-ZIP	MADISON FL 32340	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Junior Smith, Treasurer

4-7-97

(904) 973-2285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)