

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003508

FILED
Jul 13, 2009
Secretary of State

Entity Name: MACEDONIA BAPTIST CHURCH OF LEE, INC.

Current Principal Place of Business:

5539 E US HWY 90
LEE, FL 32859

New Principal Place of Business:

Current Mailing Address:

% LYNDON PICKLES
1146 NE CATTAIL DR.
MADISON, FL 32340

New Mailing Address:

C/O RAY L. WILLIAMS, SR.
1207 NE CATTAIL DR
MADISON, FL 32340

FEI Number: 59-2352927 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNS, DAVID
170 NE MACEDONIA CHURCH RD.
LEE, FL 320594702 US

Name and Address of New Registered Agent:

MILLER, DONALD J
3195 NE JUNIPER DR
LEE, FL 32059 US

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: DONALD J. MILLER

07/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, RAY L SR.
Address: 1207 NE CATTAIL DR.
City-St-Zip: MADISON, FL 323405719

Title: D () Delete
Name: THOMPSON, CHRIS
Address: 1418 LONG LEAF DR.
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: RHOADES, TROY O
Address: 330 NE LANTANA ST.
City-St-Zip: LEE, FL 32059

Title: S () Delete
Name: RHOADES, ALVERA W
Address: 330 NE LANTANA ST
City-St-Zip: LEE, FL 32059

Title: T () Delete
Name: PICKLES, LYNDON
Address: 1146 NE CATTAIL DR.
City-St-Zip: MADISON, FL 32340

Title: D (X) Delete
Name: MILLER, TRACI B
Address: 3195 NE JUNIPER DR.
City-St-Zip: LEE, FL 32059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: WILLIAMS, RAY L SR.
Address: 1207 NE CATTAIL DR.
City-St-Zip: MADISON, FL 323405719

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILLER, TRACI B
Address: 3195 NE JUNIPER DR
City-St-Zip: LEE, FL 32059

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY L. WILLIAMS, SR.

DT

07/13/2009

Electronic Signature of Signing Officer or Director

Date