2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003508

Entity Name: MACEDONIA BAPTIST CHURCH OF LEE, INC.

FILED
Jan 30, 2014
Secretary of State
CC2222052326

Current Principal Place of Business:

5539 E US HWY 90 LEE. FL 32859

Current Mailing Address:

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

FEI Number: 59-2352927 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, RAY L SR. 1207 NE CATTAIL DR. MADISON, FL 32340 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: RAY L. WILLIAMS SR. 01/30/2014

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DTDC Title DD

NameWILLIAMS, RAY L. SR.NameTHOMPSON, CHRISAddressC/O RAY L. WILLIAMS, SR.
1207 NE CATTAIL DRAddress1418 LONG LEAF DR.
City-State-Zip:

City-State-Zip: MADISON FL 32340

Title S

Name RHOADES, ALVERA W Name TUTEN, FRAN P

Address 7221 E. HWY 90

Address 330 NE LANTANA ST.

City-State-Zip: GREENVILLE FL 32331

City-State-Zip: LEE FL 32059

Title D

Name PICKELS, GLORIA V
Name MILLER, TRACI B
Address 3195 NE JUNIPER DR

Name PICKELS, GLORIA V
Address 1146 NE CATTAIL DR.
City-State-Zip: MADISON FL 32340

City-State-Zip: LEE FL 32059

Title DIRECTOR

Name GARNER, THOMAS W.

Address 285 NW WHISPERING PINES LOOP

Address 285 NW WHISPERING PINES LOOP City-State-Zip: MADISON FL 32340

City-State-Zip: MADISON FL 32340

I hereby 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 all other like empowered.

SIGNATURE: RAY L. WILLIAMS SR.

DEACON CHM./DIR/TREAS. 01/30/2014

Date