

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003508

Entity Name: MACEDONIA BAPTIST CHURCH OF LEE, INC.**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.

02/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--|
| Title | DTDC |
| Name | WILLIAMS, RAY L. SR. |
| Address | C/O RAY L. WILLIAMS, SR. 1207 NE CATTAIL DR |
| City-State-Zip: | MADISON FL 32340 |

| | |
|-----------------|--------------------|
| Title | D |
| Name | RHOADES, ALVERA W |
| Address | 330 NE LANTANA ST. |
| City-State-Zip: | LEE FL 32059 |

| | |
|-----------------|--------------------|
| Title | D |
| Name | MILLER, TRACI B |
| Address | 3195 NE JUNIPER DR |
| City-State-Zip: | LEE FL 32059 |

| | |
|-----------------|------------------------------|
| Title | DIRECTOR |
| Name | GARNER, THOMAS W. |
| Address | 285 NW WHISPERING PINES LOOP |
| City-State-Zip: | MADISON FL 32340 |

| | |
|-----------------|--------------------|
| Title | DD |
| Name | THOMPSON, CHRIS |
| Address | 1418 LONG LEAF DR. |
| City-State-Zip: | LIVE OAK FL 32064 |

| | |
|-----------------|---------------------|
| Title | S |
| Name | TUTEN, FRAN P |
| Address | 7221 E. HWY 90 |
| City-State-Zip: | GREENVILLE FL 32331 |

| | |
|-----------------|------------------------------|
| Title | D |
| Name | PICKELS, GLORIA V |
| Address | 1146 NE CATTAIL DR. |
| City-State-Zip: | MADISON FL 32340 |
| Title | DIRECTOR |
| Name | GARNER, RONDA L. |
| Address | 285 NW WHISPERING PINES LOOP |
| 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

DTDC

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date