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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003508 (8)**

1. Corporation Name

MACEDONIA BAPTIST CHURCH OF LEE, INC.



Principal Place of Business RT. 1. BOX 2690 LEE FL 32059	Mailing Address % JUNIOR SMITH ROUTE 4, BOX 865 MADISON FL 32340
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3. Date Incorporated or Qualified 07/15/1994	
4. FEI Number 59-2352927	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LUTTRELL, GLEN RT. 1. BOX 2690 LEE FL 32059	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, RAY L SR.	1.2 NAME	
STREET ADDRESS	1845 PINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, ROBERT D	2.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 1935	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCRIEF, JAMES D	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 1980	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, LEON A	4.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 1040	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHOADES, ALVERA W	5.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 1188	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JUNIOR	6.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 8658	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	6.4 CITY-ST-ZIP	

14. 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 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 / JUNIOR SMITH Treasurer* 3-22-98 860-973 2285

CP2E037 (10/97)