

2016 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:** No**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.

01/25/2016

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

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

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

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

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

Title	DIRECTOR
Name	GARNER, THOMAS W.
Address	285 NW WHISPERING PINES LOOP
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.**DEACON CH/DIR/ TREAS.** 01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date