

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003508

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2352927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUTTRELL, GLEN
RT. 1, BOX 2690
LEE FL 32059

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE CD
NAME WILLIAMS, RAY L SR.
STREET ADDRESS 1845 PINE STREET
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE D
NAME STOKES, ROBERT D
STREET ADDRESS ROUTE 4, BOX 1935
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE D
NAME MONCRIEF, JAMES D
STREET ADDRESS ROUTE 1, BOX 1980
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE D
NAME SWIFT, LEON A
STREET ADDRESS ROUTE 4, BOX 1040
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE S
NAME RHODES, ALVERA W
STREET ADDRESS ROUTE 2, BOX 1188
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE T
NAME SMITH, JUNIOR
STREET ADDRESS ROUTE 4, BOX 8658
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Junior Smith REQUIRED *Junior Smith* *3-18-01* *850/48-2285*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90002 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)