

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90042 022 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5539 E US Hwy 90

3. Mailing Address

RT 5, Box 865

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lee, FL

City & State

MADISON, FL

4. FEI Number

59-2352927

Applied For

Not Applicable

Zip

32059

Country

Zip

32340

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUTTRELL, GLEN

RT. 1, BOX 2690

LEE FL 32059

Name LUTTRELL, GLEN

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

170 NE MACEDONIA CHURCH AVE

City

Lee, FL

FL

Zip Code

32059

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D
NAME williams, RAY L SR.
STREET ADDRESS 1845 PINE STREET
CITY-ST-ZIP MADISON FL 32340 ☒ Change ☐ Addition

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

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

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

TITLE CD
NAME MONCRIEF, JAMES D
STREET ADDRESS RTE BOX 1980-1980
CITY-ST-ZIP MADISON, FL 32340 ☒ Change ☐ Addition

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

TITLE D
NAME williams, RAY JR.
STREET ADDRESS 1207 NE CATTAIL DA.
CITY-ST-ZIP MADISON, FL 32340 ☐ Change ☒ Addition

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

TITLE D
NAME CHRIS THOMPSON
STREET ADDRESS RT 4 Box 1412
CITY-ST-ZIP MADISON, FL 32340 ☐ Change ☒ Addition

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

TITLE T
NAME Smith, JUNIOR
STREET ADDRESS RT 5, Box 865
CITY-ST-ZIP MADISON, FL 32340 ☒ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS.

Date

Daytime Phone #

4-21-02 850-913-2886

CR2E037 (9/01)