

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90072 049 ****61.25

DOCUMENT # N94000003508

1. Entity Name

MACEDONIA BAPTIST CHURCH OF LEE, INC.



Principal Place of Business

**5539 E US HWY 90
LEE FL 32859**

Mailing Address

**% JUNIOR SMITH
ROUTE 5 BOX 865
MADISON FL 32340**

10091451



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

32059

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2352927**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUTTRELL, GLEN
170 NE MACEDONIA CHURCH AVE
LEE FL 32059**

7. Name and Address of New Registered Agent

Name

CD - STOKES, Robert D.

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

Rt 4, Box 1935

City

Madison

FL

Zip Code

32340

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert D. Stokes

Robert D. Stokes

4-29-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **CD** ☐ Delete
NAME **MONCRIEF, JAMES D**
STREET ADDRESS **RT 5 BOX 1980**
CITY-ST-ZIP **MADISON FL 32340**

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

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

TITLE **T** ☐ Delete
NAME **SMITH, JUNIOR**
STREET ADDRESS **RT 5 BOX 865**
CITY-ST-ZIP **MADISON FL 32340**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☒ Addition
NAME **THOMPSON, CHRIS**
STREET ADDRESS **RT 4 BOX 1412**
CITY-ST-ZIP **MADISON, FLA. 32340**

TITLE **D** ☒ Change ☐ Addition
NAME **MONCRIEF, JAMES D.**
STREET ADDRESS **RT 5, Box 1980**
CITY-ST-ZIP **MADISON, FL. 32340**

TITLE **D** ☒ Change ☒ Addition
NAME **Williams, Ray L. JR**
STREET ADDRESS **1845 PINE ST.**
CITY-ST-ZIP **MADISON, FL. 32340**

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

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:

Shirley Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 - 978-2826

Date Daytime Phone #

CR2E037 (10/02)