

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90004 050 \*\*\*\*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

*70471E yellow pine Ave*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

TURNER, MICHAEL  
170 NE MACEDONIA CHURCH RD.  
LEE FL 32059-4702

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

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**  
**Due By May 1, 2005**

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                   | <input type="checkbox"/> Delete            |
| NAME           | WILLIAMS, RAY L SR. |                                            |
| STREET ADDRESS | 1845 PINE STREET    |                                            |
| CITY-ST-ZIP    | MADISON FL 32340    |                                            |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | THOMPSON, CHRIS     |                                            |
| STREET ADDRESS | RT 4 BOX 1412       |                                            |
| CITY-ST-ZIP    | MADISON FL 32340    |                                            |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | MONCRIEF, JAMES D   |                                            |
| STREET ADDRESS | RT 5 BOX 1980       |                                            |
| CITY-ST-ZIP    | MADISON FL 32340    |                                            |
| TITLE          | D                   | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, RAY L JR  |                                            |
| STREET ADDRESS | 1845 PINE ST        |                                            |
| CITY-ST-ZIP    | MADISON FL 32340    |                                            |
| TITLE          | S                   | <input type="checkbox"/> Delete            |
| NAME           | RHOADES, ALVERA W   |                                            |
| STREET ADDRESS | ROUTE 2, BOX 1188   |                                            |
| CITY-ST-ZIP    | MADISON FL 32340    |                                            |
| TITLE          | T                   | <input type="checkbox"/> 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          |                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |                                                                   |
| STREET ADDRESS |                                                                              |                                                                   |
| CITY-ST-ZIP    |                                                                              |                                                                   |
| TITLE          |                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |                                                                   |
| STREET ADDRESS |                                                                              |                                                                   |
| CITY-ST-ZIP    |                                                                              |                                                                   |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |
| NAME           | James D Moncrief                                                             |                                                                   |
| STREET ADDRESS | 860 SE Baker Ave                                                             |                                                                   |
| CITY-ST-ZIP    | Madison, Fla 32340                                                           |                                                                   |
| TITLE          |                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |                                                                   |
| STREET ADDRESS |                                                                              |                                                                   |
| CITY-ST-ZIP    |                                                                              |                                                                   |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |
| NAME           | Alvera Rhoades                                                               |                                                                   |
| STREET ADDRESS | 330 NE Lantana St                                                            |                                                                   |
| CITY-ST-ZIP    | Lee, Fla 32059                                                               |                                                                   |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |
| NAME           | JUNIOR SMITH                                                                 |                                                                   |
| STREET ADDRESS | 70471E yellow pine Ave                                                       |                                                                   |
| CITY-ST-ZIP    | MADISON, FL 32340                                                            |                                                                   |

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*

*James D Moncrief*

*TREASURER*

Date

*2-6-05*

*850 973-2886*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #