2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90314 007 ****61.25

20039294

02042005 Chg-NP . CR2E037 (10/03)

DOCUMENT # 702501

1. Entity Name
MERIDIAN WOODS CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
2870 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32312	2870 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32312

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1504018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, W. W.
408 SOUTH RIDE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name: LYNN DIXON
Street Address (P.O. Box Number is Not Acceptable): 2928 QUAIL RISE CT
City: TALLAHASSEE, FL 32312
State: 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: Lynn Dixon DATE: 2/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DIXON, LYNN 2928 QUIAL RISE CT TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2928 QUAIL RISE CT ~~32312~~ 32309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLETCHER, THOMAS L. 3251 SHAMROCK EAST TALLAHASSEE, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPS, JOSEPH L. 3800 BOBINBROOK CIR TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COCHRANE, ALAN 7015 SPENCER DR TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SINGLETON, MELINDA 2241 FOSTER DR. TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Lynn Dixon 2/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #