

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702501

FILED
Feb 05, 2008
Secretary of State

Entity Name: MERIDIAN WOODS CHURCH OF CHRIST, INC.

Current Principal Place of Business:

2870 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2870 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-1504018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, LYNN
2928 QUAIL RISE CT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: DIXON, LYNN,
Address: 2928 QUAIL RISE CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: MASTERS, RONALD
Address: 463 BEAVER LAKE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: CAMPS, JOSEPH L.
Address: 3800 BOBINBROOK CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: COCHRANE, ALAN
Address: 7015 SPENCER DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: SINGLETON, MELINDA
Address: 2241 FOSTER DR.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MORGAN, JAMES L
Address: 956 GROVELAND HILLS DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN DIXON

DT

02/05/2008

Electronic Signature of Signing Officer or Director

Date