

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 MAY - 1 10 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731382 (8)
1. Corporation Name
MEADOWLAWN PRESBYTERIAN CHURCH, INC.



Principal Place of Business: 1770 62ND AVE NORTH ST. PETERSBURG FL 33702
Mailing Address: 1770 62ND AVE NORTH ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified: 12/13/1974
3a. Date of Last Report: 03/03/1995

| | | | |
|---|---------------------------|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-0863375 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--|-----------------------------|--|-----------------|
| 9. Name and Address of Current Registered Agent ELLIS, RAYMOND O 6055 21ST ST., N. J-5 ST. PETERSBURG FL 33714 | | 10. Name and Address of New Registered Agent | |
| 81 Name | Carl Braden | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 6050 21st St. N. B-7 | | |
| 83 | | | |
| 84 City | St. Petersburg | 85 Zip Code | FL 83714 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Carl Braden** *Carl N. Braden* DATE: **5-1-96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ELLIS, RAYMOND O 6055 21ST ST., N., J-5 ST. PETERSBURG FL <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD Carl Braden 6050 21st St. N. B-7 St. Petersburg, Fl. 33714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BALTIC, STEPHEN A 6971 17TH WAY N ST. PETERSBURG FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000001818760 -05/10/96--01053--011 *****61.25 *****61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KUBISH, FLORENCCE 8454 3RD ST., N. ST. PETERSBURG FL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | STD Dorothy Wanous 6015 19th St. N. #214 St. Petersburg, Fl. 33714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Archie D. ... Clerk* DATE: **4-23-96** 526-7177

CR2E037 (12/95)

5/1/96