

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731382 (8)**

1. Corporation Name  
**MEADOWLAWN PRESBYTERIAN CHURCH, INC.**



Principal Place of Business <b>1770 62ND AVE NORTH ST. PETERSBURG FL 33702</b>	Mailing Address <b>1770 62ND AVE NORTH ST. PETERSBURG FL 33702</b>
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3. Date Incorporated or Qualified <b>12/13/1974</b>	
4. FEI Number <b>59-0863375</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Sulte, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRADEN, CARL  
6050 21ST ST., N., B-7  
ST. PETERSBURG FL 33714**

10. Name and Address of New Registered Agent

81 Name **LORRAINE WERMUTH**  
 82 Street Address (P.O. Box Number Is Not Acceptable) **2026 BOYON GRANDE BLVD NE**  
 83 City **ST. PETERSBURG**  
 84 City **FL** 85 Zip Code **33702**

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 *Lorraine Wermuth* DATE **2-26-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>BRADEN, CARL</b>	
STREET ADDRESS	<b>6050 21ST ST N., B-7</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/>
NAME	<b>DENNIS EAKENS</b>	
STREET ADDRESS	<b>2718 16TH AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/>
NAME	<b>WANOUS, DOROTHY</b>	
STREET ADDRESS	<b>6015 19TH ST N., #214</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P.D.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Lorraine Wermuth</b>		
1.3 STREET ADDRESS	<b>2026 Boyon Grand Blvd NE</b>		
1.4 CITY-ST-ZIP	<b>St Petersburg Fla. 33708</b>		
2.1 TITLE	<b>VD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Barbara Insko</b>		
2.3 STREET ADDRESS	<b>7617-18 Way N.</b>		
2.4 CITY-ST-ZIP	<b>St Petersburg Fla 33708</b>		
3.1 TITLE	<b>STD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Colith Claxton</b>		
3.3 STREET ADDRESS	<b>155-84 Avenue N.</b>		
3.4 CITY-ST-ZIP	<b>St Petersburg Fla 33702</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: *Frances R. Klutz*

CR2E037 (10/97)