2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90314 007 ****61.25

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02042005 Chg-NP . CR2E037 (10/03)

DOCUMENT # 702501

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

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

Mailing Address
2870 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 32312

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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 — 2/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	DT ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DIXON, LYNN	NAME	
STREET ADDRESS	2928 QUIAL RISE CT	STREET ADDRESS	2928 QUAIL RISE CT
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	~~32312~~ 32309
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FLETCHER, THOMAS L.	NAME	
STREET ADDRESS	3251 SHAMROCK EAST	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000,	CITY-ST-ZIP	32308
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CAMPS, JOSEPH L.	NAME	
STREET ADDRESS	3800 BOBINBROOK CIR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	32312
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	COCHRANE, ALAN	NAME	
STREET ADDRESS	7015 SPENCER DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	32312
TITLE	S ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SINGLETON, MELINDA	NAME	
STREET ADDRESS	2241 FOSTER DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #