## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 702501 1. Entity Name MERIDIAN WOODS CHURCH OF CHRIST, INC.					(	)3-29-2007	90020 04	<b>1</b> 7 ****7	0.00
Principal Place of Business 2870 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32312		Mailing Address 2870 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32312		400	)44304				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262007 <sub>Cl</sub>	ng-NP	CR2E037	7 (12/06)	
City & State		City & State			4. FEI Number 59-1504018				plied For t Applicable
Zip	Country	Zip	Country	у	5. Certificate of St	atus Desired		8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New R	egistered Ag	gent	
DIXON, LYNN 2928 QUAIL RISE CT				Name Street Address (P.O. Box Number is Not Acceptable)					
	SSEE, FL 32312		Street Address		P.U. Box Number Is I	Not Acceptable	)		
			-	City FL Zip Code					
R. 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 ac the obligations of registered agent.									and accept
SIGNATURE Signature, typed or printed name of registered agent and tile if applable. (NOTE: Registered Agent signature regulad when reinstaing) (NOTE: Registered Agent signature regulad when reinstaing) OATE									
	Filing Fee is \$61.259. Election CampaignDue by May 1, 2007Trust Fund Contribu				\$5.00 May Be Added to Fees Florida Department of State				
10.	OFFICERS AND DI		11.		ADDITIONS/CHANG	ES TO OFFICE			
Title Name Street address	DT DIXON, LYNN 2928 QUAIL RISE CT	Delete	TITLE NAME STREET A	D Mas	ters, Rona Beaver Lo	49		Change	X Addition
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-	7.0	lahassee,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, THOMAS L. 3251 SHAMROCK EAST TALLAHASSEE, FL 32308	X Delete	TITLE NAME STREET A CITY-ST-	DDRESS 956	gan, Jame Groveland Jahassee, F	is L. d Hills I	)rire_	🗋 Change	Addition
TITLE NAME STREET ADORESS City-St-Zip	D CAMPS, JOSEPH L. 3800 BOBINBROOK CIR TALLAHASSEE, FL 32312	💭 Delete	TITLE NAME STREET A CITY-ST-	DORESS				Change	Addition
title Name Street address Cify-st-zip	D. COCHRANE, ALAN 7015 SPENCER DR TALLAHASSEE, FL 32312	🗋 Delete	TITLE NAME STREET A CITY-ST-					Change	Addition
TITLE NAME Street Address City-St-Zip	S SINGLETON, MELINDA 2241 FOSTER DR. TALLAHASSEE, FL	🗋 Delete	TITLE NAME STREET A CITY-ST-					🗋 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET A CITY-ST-	i				Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Melinda</u> . <u>Singliton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR Date Date Date Date									

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FILED Mar 29, 2007 8:00 am Secretary of State