

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1974	3a. Date of Last Report 04/21/1994
4. FEI Number 59-0863375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**CROSSEN, DONALD
1401 47TH AVENUE NORTH
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent	
81 Name Raymond O. Ellis	
82 Street Address (P.O. Box Number is Not Acceptable) 6055 21st St. N. J-5	
83	
84 City St. Petersburg FL	85 Zip Code 33714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Raymond O. Ellis *Raymond O. Ellis* 2-20-95
Signature, hand or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when necessary.) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	NAME CROSSEN, DONALD
STREET ADDRESS 1401 47TH AVENUE NORTH	CITY-ST-ZIP ST. PETERSBURG FL
TITLE VD	NAME BRADEN, CARL
STREET ADDRESS 6050 21ST ST N B-7	CITY-ST-ZIP ST. PETERSBURG FL
TITLE STD	NAME BALTIC, STEPHEN A
STREET ADDRESS 6971 17TH WAY N.	CITY-ST-ZIP ST. PETERSBURG FL
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME Raymond O. Ellis	
13 STREET ADDRESS 6055 21st St. N. J-5	
14 CITY-ST-ZIP St. Petersburg, FL 33714	
21 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME Stephen A. Baltic	
23 STREET ADDRESS 6971 17th Way N	
24 CITY-ST-ZIP St. Petersburg, FL 33702	
31 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME Florence Kubish	
33 STREET ADDRESS 8454 3rd St. N.	
34 CITY-ST-ZIP St. Petersburg, FL 33702	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(A), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond O. Ellis *Raymond O. Ellis* 2-20-95 113-527-1310
Signature, hand or printed name of signing officer or director. Date (Month/Year)

Raymond O. Ellis, PD