

**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 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<br>21  | 2a. Mailing Address<br>26 | 4. FEI Number<br><b>59-0863375</b>  | Applied For<br>Not Applicable         |
| Suite, Apt. #, etc.<br>22   | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required |
| City & State<br>23  | City & State<br>28        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees    |
| Zip<br>24   | Country<br>25             | Zip<br>29   | Country<br>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**

**10. Name and Address of New Registered Agent**

**ELLIS, RAYMOND O**  
**6055 21ST ST., N. J-5**  
**ST. PETERSBURG FL 33714**

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** FL 85 Zip Code **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 **5-23-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96**

| TITLE | NAME              | STREET ADDRESS         | CITY-ST-ZIP       | TITLE  | NAME | STREET ADDRESS | CITY-ST-ZIP  |
|-------|-------------------|------------------------|-------------------|--------|------|----------------|--|
| PD    | ELLIS, RAYMOND O  | 6055 21ST ST., N., J-5 | ST. PETERSBURG FL | Change | PD   | Carl Braden    | 6050 21st St. N. B-7<br>St. Petersburg, Fl. 33714  |
| VD    | BALTIC, STEPHEN A | 6971 17TH WAY N        | ST. PETERSBURG FL | Change | STD  | Dorothy Wanous | 6015 19th St. N. #214<br>St. Petersburg, Fl. 33714 |
| STD   | KUBISH, FLORENCCE | 8454 3RD ST., N.       | ST. PETERSBURG FL | Change |      |                |  |
|       |                   |                        |                   | Change |      |                |  |
|       |                   |                        |                   | Change |      |                |  |
|       |                   |                        |                   | Change |      |                |  |
|       |                   |                        |                   | Change |      |                |  |
|       |                   |                        |                   | Change |      |                |  |
|       |                   |                        |                   | Change |      |                |  |

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  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)