

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40893

FILED  
May 22, 2007  
Secretary of State

Entity Name: MEADSON ROADWAY ASSOCIATION, INC.

**Current Principal Place of Business:**

1022 MEADSON CIR  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

1022 MEADSON CIR  
PENSACOLA, FL 32506

**New Mailing Address:**

FEI Number: 59-3037697      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MEAD, JAMES  
1022 MEADSON CIR  
PENSACOLA, FL 32506      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HEYE, PAT  
Address: 259 MEADSON WAY  
City-St-Zip: PENSACOLA, FL 32506

Title: V      ( ) Delete  
Name: WORSNOP, SHELDON  
Address: 255 MEADSON WAY  
City-St-Zip: PENSACOLA, FL 32506

Title: D      ( ) Delete  
Name: DREW, WILBURN C  
Address: 1056 MEADSON CIRCLE  
City-St-Zip: PENSACOLA, FL 32506

Title: D      ( ) Delete  
Name: MEAD, JAMES M  
Address: 1022 MEADSON CIR  
City-St-Zip: PENSACOLA, FL 32506

Title: S      ( ) Delete  
Name: HULIAN, LOU  
Address: 450 MEADSON LANE  
City-St-Zip: PENSACOLA, FL 32506

Title: D      ( ) Delete  
Name: WILLIAMSON, GENE  
Address: 1026 MEADSON CIRCLE  
City-St-Zip: PENSACOLA, FL 32506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. MEAD

D

05/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date