

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40893

FILED
Apr 16, 2009
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 ()

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: CARR, PAUL
Address: 235 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: S (X) Change () Addition
Name: DEHART, REBECCA
Address: 1085 MEADSON CIRCLE
City-St-Zip: PENSACOLA, FL 32506

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

04/16/2009

Electronic Signature of Signing Officer or Director

Date