

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001186 (4)

1. Corporation Name

MEADOWS COMMUNITY CENTER, INC.



Principal Place of Business

45840 GEORGIA RD.
ALTOONA FL 32702

Mailing Address

45840 GEORGIA RD.
ALTOONA FL 32702

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report
Jan 29, 96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3313128

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAIR, JAMES A
45903 FLORIDA RD.
ALTOONA FL 32702

81 Name

Price, Sylvia e

82 Street Address (P.O. Box Number is Not Acceptable)

45834 Florida Rd.

83

84 City

Altoona

FL

85 Zip Code
32702

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

Price, Sylvia e

Sylvia E. Price

Jan 29, 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, JAMES A	
STREET ADDRESS	45903 FLORIDA RD.	
CITY - ST - ZIP	ALTOONA FL 32702	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, SYLVIA E	
STREET ADDRESS	45834 FLORIDA RD.	
CITY - ST - ZIP	ALTOONA FL 32702	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRITTIAN, ANNA	
STREET ADDRESS	20851 NORTH RD.	
CITY - ST - ZIP	ALTOONA FL 32702	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SENTMAN, RODNEY L	
STREET ADDRESS	45940 ILLINOIS RD.	
CITY - ST - ZIP	ALTOONA FL 32702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	p/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Price, Sylvia e	
1.3 STREET ADDRESS	45834 Florida Rd.	
1.4 CITY - ST - ZIP	Altoona Fl. 32702	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Clark, Donna	
2.3 STREET ADDRESS	45831 Georgia Rd.	
2.4 CITY - ST - ZIP	Altoona, Fl. 32702	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRITTIAN, ANNA	
3.3 STREET ADDRESS	20851 North Road	
3.4 CITY - ST - ZIP	Altoona, Fl 32702	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SENTMAN, RODNEY L.	
4.3 STREET ADDRESS	45940 Illinois Road	
4.4 CITY - ST - ZIP	Altoona, Fl. 32702	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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3-7-96

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: Sentman, Rodney L.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 96

Date

352 669 6732

Daytime Phone #

CR2E037 (12/95)