SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE - $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N95000001186 (4)

1. Corporation Name

MEADOWS COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
45840 GEORGIA RD. ALTOONA FL 32702	45840 GEORGIA RD. ALTOONA FL 32702

3. Date Incorporated or Qualified: 03/24/1995
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
7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No N/A

2. Principal Place of Business	2a. Mailing Address
21	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**

PRICE, SYLVIA E
45834 FLORIDA RD.
ALTOONA FL 32702

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

81 Name: DONNA CLARK
82 Street Address (P.O. Box Number is Not Acceptable): 45831 GEORGIA 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: [signature] Donna D CLARK DATE: 9-25-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[X] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	PRICE, SYLVIA E		1.2 NAME		
STREET ADDRESS	45834 FLORIDA RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL 32702		1.4 CITY-ST-ZIP		
TITLE	VD	[ ] DELETE	2.1 TITLE	PD	[X] Change [ ] Addition
NAME	CLARK, DONNA		2.2 NAME		
STREET ADDRESS	45831 GEORGIA RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL 32702		2.4 CITY-ST-ZIP		
TITLE	TD	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	BRITTIAN, ANNA		3.2 NAME		
STREET ADDRESS	20851 NORTH RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL 32702		3.4 CITY-ST-ZIP		
TITLE	SD	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	DEAN, JAMES F		4.2 NAME		
STREET ADDRESS	45848 GEORGIA ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		4.4 CITY-ST-ZIP		
TITLE	VD	[ ] DELETE	5.1 TITLE		[ ] Change [X] Addition
NAME	DIXON, MAXINE		5.2 NAME		
STREET ADDRESS	45871 ILLINOIS RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL 32702		5.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	6.1 TITLE		[ ] Change [X] Addition
NAME	BURLESON, ROBERT		6.2 NAME		
STREET ADDRESS	20803 SOUTH RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA, FL 32702		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: Anna Brittian Treasurer 9-25-98 352 669-4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #