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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001186

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3313128	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CLARK, DONNA 45831 GEORGIA RD ALTOONA FL 32702				81 Name Sue Benzing	
				82 Street Address (P.O. Box Number Not Acceptable) 45930 Virginia 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 Sue M. Benzing SUE M. BENZING DATE PRES. 4-11-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	DIXON, MAXINE	1.2 NAME	Leonard Segur
STREET ADDRESS	45917 ILLINOIS RD	1.3 STREET ADDRESS	45918 Pennsylvania Rd
CITY-ST-ZIP	ALTOONA FL 32702	1.4 CITY-ST-ZIP	Altoona FL 32702
TITLE	PD	2.1 TITLE	PD
NAME	CLARK, DONNA	2.2 NAME	Sue Benzing
STREET ADDRESS	45831 GEORGIA RD.	2.3 STREET ADDRESS	45930 Virginia Rd
CITY-ST-ZIP	ALTOONA FL 32702	2.4 CITY-ST-ZIP	Altoona FL 32702
TITLE	TD	3.1 TITLE	
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	4.1 TITLE	
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	D	5.1 TITLE	
NAME	BURLASON, ROBERT	5.2 NAME	
STREET ADDRESS	20802 SOUTH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL 32702	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Anna Brittan ANNA BRITTIAN DATE 4-11-99 DAYTIME PHONE # 352-669-4744

CR2E037 (11/98)