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Feb 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000221 (9)

1. Corporation Name

MEADE MINISTRIES, INC.

Principal Place of Business

GLENWOOD CIRCLE
SOUTHWOOD ACRES
LAKE CITY FL 32024

Mailing Address

POST OFFICE BOX 2307
LAKE CITY FL 32056-2307



3. Date Incorporated or Qualified
01/10/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MEADE, MARLENE H
GLENWOOD CIRCLE
SOUTHWOOD ACRES
LAKE CITY FL 32024

4. FEI Number

58-2211310

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 MARLENE H. MEADE

Signature, typed or printed name of registered agent and title if applicable.

Marlene H. Meade

(NOTE: Registered Agent signature required when reinstating)

JANUARY 21, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEADE, CHARLES	(N/A)
STREET ADDRESS	POST OFFICE BOX 2307	
CITY-ST-ZIP	LAKE CITY FL 32056-2307	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEADE, MARLENE H	(N/A)
STREET ADDRESS	POST OFFICE BOX 2307	
CITY-ST-ZIP	LAKE CITY FL 32056-2307	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPARKS, SANDRA L	(N/A)
STREET ADDRESS	POST OFFICE BOX 3556	
CITY-ST-ZIP	LAKE CITY FL 32056-3556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPARKS, CHARLES S	(N/A)
STREET ADDRESS	POST OFFICE BOX 3556	
CITY-ST-ZIP	LAKE CITY FL 32056-3556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURBACH, ROBIN M	(N/A)
STREET ADDRESS	POST OFFICE BOX 1042	
CITY-ST-ZIP	LAKE CITY FL 32056-1042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURBACH, JOHN R	(N/A)
STREET ADDRESS	POST OFFICE BOX 1042	
CITY-ST-ZIP	LAKE CITY FL 32056-1042	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: MARLENE H. MEADE

Marlene H. Meade

JANUARY 21, 1997 (904) 752-1519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000893

CR2E037 (9/96)