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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000221

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/10/1996

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

9. Name and Address of Current Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

JANUARY 5, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MEADE, CHARLES
STREET ADDRESS POST OFFICE BOX 2307 N/A
CITY-ST-ZIP LAKE CITY FL

TITLE D
NAME MEADE, MARLENE H
STREET ADDRESS POST OFFICE BOX 2307 N/A
CITY-ST-ZIP LAKE CITY FL

TITLE D
NAME SPARKS, SANDRA L
STREET ADDRESS POST OFFICE BOX 3556 N/A
CITY-ST-ZIP LAKE CITY FL

TITLE D
NAME SPARKS, CHARLES S
STREET ADDRESS POST OFFICE BOX 3556 N/A
CITY-ST-ZIP LAKE CITY FL

TITLE D
NAME BURBACH, ROBIN M
STREET ADDRESS POST OFFICE BOX 1042 N/A
CITY-ST-ZIP LAKE CITY FL

TITLE D
NAME BURBACH, JOHN R
STREET ADDRESS POST OFFICE BOX 1042 N/A
CITY-ST-ZIP LAKE CITY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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: MARLENE H. MEADE 1/4/99 904-752-1519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)