

DOCUMENT # N96000000221  
1. Entity Name  
MEADE MINISTRIES, INC.

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90010 049 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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  
HWY 240 & Walter Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 2307  
Suite, Apt. #, etc.

City & State  
LAKE CITY, FL  
Zip  
32024  
Country  
USA

City & State  
LAKE CITY, FL  
Zip  
32056-2307  
Country  
USA

4. FEI Number  
58-2211310  
Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MEADE, MARLENE H  
GLENWOOD CIRCLE  
SOUTHWOOD ACRES  
LAKE CITY FL 32024

7. Name and Address of New Registered Agent  
Name  
n/a  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL  
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  
M.H. MEADE  
Signature, typed or printed name of registered agent and title if applicable.  
Marlene H Meade  
(NOTE: Registered Agent signature required when reinstating)  
1/5/2001  
DATE

FILE NOW:  
FEE IS \$61.25  
9. Election Campaign Financing  
Trust Fund Contribution.  
\$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADE, CHARLES POST OFFICE BOX 2307 N/A LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADE, MARLENE H POST OFFICE BOX 2307 N/A LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, SANDRA L POST OFFICE BOX 3556 N/A LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, CHARLES S POST OFFICE BOX 3556 N/A LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURBACH, ROBIN M POST OFFICE BOX 1042 N/A LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURBACH, JOHN R POST OFFICE BOX 1042 N/A LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene H Meade  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/5/2001  
Date  
(904)752-1519  
Daytime Phone #

CR2E037 (10/00)