


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90085 019 ****70.00

DOCUMENT # N96000000221					
1. Entity Name MEADE MINISTRIES, INC.					
Principal Place of Business MYRTIS ROAD HWY 240 S WALTER AVE LAKE CITY FL 32024			Mailing Address POST OFFICE BOX 2307 LAKE CITY FL 32056-2307		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2211310	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEADE, MARLENE H 1 HAMLET CIRCLE SOUTHWOOD ACRES LAKE CITY FL 32024			Name		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	MEADE, CHARLES				
STREET ADDRESS	POST OFFICE BOX 2307 N/A				
CITY-ST-ZIP	LAKE CITY FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	MEADE, MARLENE H				
STREET ADDRESS	POST OFFICE BOX 2307 N/A				
CITY-ST-ZIP	LAKE CITY FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	SPARKS, SANDRA L				
STREET ADDRESS	POST OFFICE BOX 3556 N/A				
CITY-ST-ZIP	LAKE CITY FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	SPARKS, CHARLES S				
STREET ADDRESS	POST OFFICE BOX 3556 N/A				
CITY-ST-ZIP	LAKE CITY FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	BURBACH, ROBIN M				
STREET ADDRESS	POST OFFICE BOX 1042 N/A				
CITY-ST-ZIP	LAKE CITY FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	BURBACH, JOHN R				
STREET ADDRESS	POST OFFICE BOX 1042 N/A				
CITY-ST-ZIP	LAKE CITY FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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

1/22/2004 (386)752-1519

Date Daytime Phone #