

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000221

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: MEADE MINISTRIES, INC.

## Current Principal Place of Business:

MYRTIS ROAD  
HWY 240 S WALTER AVE  
LAKE CITY, FL 32024

## New Principal Place of Business:

5037 SW CR 240  
LAKE CITY, FL 32024

## Current Mailing Address:

POST OFFICE BOX 2307  
LAKE CITY, FL 320562307

## New Mailing Address:

FEI Number: 58-2211310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEADE, MARLENE H  
1 HAMLET CIRCLE  
SOUTHWOOD ACRES  
LAKE CITY, FL 32024 US

## Name and Address of New Registered Agent:

MEADE, MARLENE H  
976 SW HAMLET CIRCLE  
SOUTHWOOD ESTATES  
LAKE CITY, FL 32024 US

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:

01/06/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MEADE, CHARLES  
Address: POST OFFICE BOX 2307 N/A  
City-St-Zip: LAKE CITY, FL

Title: D ( ) Delete  
Name: MEADE, MARLENE H  
Address: POST OFFICE BOX 2307 N/A  
City-St-Zip: LAKE CITY, FL

Title: D ( ) Delete  
Name: SPARKS, SANDRA L  
Address: POST OFFICE BOX 3556 N/A  
City-St-Zip: LAKE CITY, FL

Title: D ( ) Delete  
Name: SPARKS, CHARLES S  
Address: POST OFFICE BOX 3556 N/A  
City-St-Zip: LAKE CITY, FL

Title: D ( ) Delete  
Name: BURBACH, ROBIN M  
Address: POST OFFICE BOX 1042 N/A  
City-St-Zip: LAKE CITY, FL

Title: D ( ) Delete  
Name: BURBACH, JOHN R  
Address: POST OFFICE BOX 1042 N/A  
City-St-Zip: LAKE CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE H MEADE

VP

01/06/2005

Electronic Signature of Signing Officer or Director

Date