

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000000221 1. Entity Name MEADE MINISTRIES, INC.					
Principal Place of Business 5037 SW CR 240 LAKE CITY FL 32024			Mailing Address POST OFFICE BOX 2307 LAKE CITY FL 32056-2307		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2211310 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent MEADE, MARLENE H 976 SW HAMLET CIRCLE SOUTHWOOD ESTATES LAKE CITY FL 32024			7. Name and Address of New Registered Agent 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 <u><i>Marlene H Meade</i></u> <u><i>Marlene H Meade</i></u> <u>1-18-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete MEADE, CHARLES POST OFFICE BOX 2307 N/A LAKE CITY FL	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000602480 01/26/07-80090-020 70.00		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete MEADE, MARLENE H POST OFFICE BOX 2307 N/A LAKE CITY FL	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete SPARKS, SANDRA L POST OFFICE BOX 3556 N/A LAKE CITY FL	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete SPARKS, CHARLES S POST OFFICE BOX 3556 N/A LAKE CITY FL	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete BURBACH, ROBIN M POST OFFICE BOX 1042 N/A LAKE CITY FL	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete BURBACH, JOHN R POST OFFICE BOX 1042 N/A LAKE CITY FL	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 exemptions contained in Section 119, 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: <u><i>Marlene H Meade</i></u> <u><i>Marlene H Meade</i></u> <u>1-18-07</u> <u>386 7521519</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					