
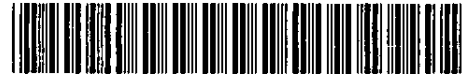


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000221</b>	
1. Entity Name <b>MEADE MINISTRIES, INC.</b>	

Principal Place of Business <b>5037 SW CR 240 LAKE CITY FL 32024</b>	Mailing Address <b>POST OFFICE BOX 2307 LAKE CITY FL 32056-2307</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE		CR2E037 (10/07)
4. FEI Number <b>58-2211310</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  <b>MEADE, MARLENE H 976 SW HAMLET CIRCLE SOUTHWOOD ESTATES LAKE CITY FL 32024</b>	
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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 entry 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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>MEADE, CHARLES</b>
STREET ADDRESS	<b>POST OFFICE BOX 2307 N/A</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>MEADE, MARLENE H</b>
STREET ADDRESS	<b>POST OFFICE BOX 2307 N/A</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>SPARKS, SANDRA L</b>
STREET ADDRESS	<b>POST OFFICE BOX 3556 N/A</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>SPARKS, CHARLES S</b>
STREET ADDRESS	<b>POST OFFICE BOX 3556 N/A</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BURBACH, ROBIN M</b>
STREET ADDRESS	<b>POST OFFICE BOX 1042 N/A</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BURBACH, JOHN R</b>
STREET ADDRESS	<b>POST OFFICE BOX 1042 N/A</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>U000000803962</b>
CITY-ST-ZIP	<b>02/05/08-80049-001 70.00</b>
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 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:** *Marlene H Meade* **1-23-08 386-752-1519**