2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004466

FILED May 01, 2009 Secretary of State

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|---|--|--|---|--|
| Entity Na | me: MEN IN & OUT OF SCHOOLS, INC. | | | |
| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
| | I BUREN ST NVILLE, FL 32206 | | | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| | I BUREN ST NVILLE, FL 32206 | 221 N HOGAN STRE #346 JACKSONVILLE, FL | | |
| | r: 54-2157216 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did not re | FEI Number Not Applicable() | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address | Name and Address of New Registered Agent: | |
| JACKSON | I BUREN ST NVILLE, FL 32206 US e named entity submits this statement for the pur te of Florida. | oose of changing its registere | ed office or registered agent, or both, | |
| SIGNATU | RE: | | | |
| | Electronic Signature of Registered Agent | | Date | |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CP () Delete WILLIAM, HARRY L II 1151 VAN BUREN ST JACKSONVILLE, FL 32206 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VCP () Delete CHAPPELLE, JOSEPH 20145 MT ZION RD, STE 255 MORROW, GA 30260 0 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () Delete WILLIAMS, KARMEN R 1151 VAN BUREN ST JACKSONVILLE, FL 32206 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | | | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HARRY L. WILLIAMS, II CP 05/01/2009