2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000592

1. Entity Name
BETTER TOMORROWS, INC.

Principal Place of Business	Mailing Address
502 N MACARTHUR AVE PANAMA CITY, FL 32401	502 N MACARTHUR AVE PANAMA CITY, FL 32401

04242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1747610
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, PATRICIA
502 N MACARTHUR AVE.
SUITE A
PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCINTYRE, JERILANE
STREET ADDRESS	502 N MACARTHUR AVE, SUITE A
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	VPD
NAME	MCINTYRE, PATRICIA
STREET ADDRESS	502 N MACARTHUR AVE, SUITE A
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	MCKIGNEY, GERRY
STREET ADDRESS	29674 ELMORE MCKIGNEY LANE
CITY-ST-ZIP	SPRINGFIELD, LA 70462
TITLE	D
NAME	SHERBURNE, MARSHA
STREET ADDRESS	25564 MCCAROL RD
CITY-ST-ZIP	SPRNGFIELD, LA 70462
TITLE	D
NAME	VALENTINE, JAMES
STREET ADDRESS	PO BOX 609
CITY-ST-ZIP	HANA, HI 96713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000355489
05/03/05-80149-019 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 4/25/05 8201691008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #