

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# N00000003305

Entity Name: FLORIDA MEN OF INTEGRITY, INC.

Current Principal Place of Business:

4223 NW 32ND STREET
GAINESVILLE, FL 326051412 US

New Principal Place of Business:

Current Mailing Address:

4223 NW 32ND STREET
GAINESVILLE, FL 326051412 US

New Mailing Address:

FEI Number: 59-3640511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTH, JIM DR
4223 NW 32ND STREET
GAINESVILLE, FL 326051412 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EXDD () Delete
Name: GUTH, JIM DR.
Address: 4223 NW 32ND STREET
City-St-Zip: GAINESVILLE, FL 326051412

Title: BMCA () Delete
Name: BAILEY, SIMON
Address: P O BOX 2475
City-St-Zip: WINDERMERE, FL 34786

Title: BMT () Delete
Name: BENJAMIN, PAUL
Address: P O BOX 952517
City-St-Zip: LAKE MARY, FL 32795

Title: BDMA () Delete
Name: HARDEE, DANA
Address: 13202 MORAN DRIVE
City-St-Zip: TAMPA, FL 33618

Title: BMFP () Delete
Name: SUMMERLIN, STEVE
Address: 4014 NW 15TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: BDAS () Delete
Name: WHITE, ED
Address: 3708 HILLTOP AVENUE SOUTH
City-St-Zip: LAKELAND, FL 33803

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: JAMES GUTH

Electronic Signature of Signing Officer or Director

DR.

01/03/2005

Date