

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 05, 2011
Secretary of State

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

Title: BMCA
Name: BRENNEMAN, TOM
Address: 7748 NE 36TH STREET
City-St-Zip: GAINESVILLE, FL 32609

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DR. JIM GUTH

EXDD

01/05/2011

Electronic Signature of Signing Officer or Director

Date