

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90041 001 \*\*\*\*70.00

**DOCUMENT # N00000004991**

1. Entity Name

**MEN TRYING TO BETTER THE COMMUNITY INC.**



Principal Place of Business

**2119 NW 24 ROAD  
OCALA FL 34475**

Mailing Address

**P.O. BOX 0312  
OCALA FL 34478**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**59-3658007**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, RONALD  
2119 NW 24 ROAD  
OCALA FL 34475**

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 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

*Ronald W. Jones*

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-20-04*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **JONES, RONALD**  
STREET ADDRESS **2119 NW 24 ROAD**  
CITY-ST-ZIP **OCALA FL 34475**

TITLE ☐ Delete  
NAME **JACKSON, SAMUEL L**  
STREET ADDRESS **P O BOX 1085**  
CITY-ST-ZIP **SILVER SPRINGS FL 34489**

TITLE ☒ Delete  
NAME **SIMS, MICHAEL**  
STREET ADDRESS **1640 SW 5 PLACE**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete  
NAME **WOODBERRY, DAVID**  
STREET ADDRESS **P O BOX 5264**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☒ Delete  
NAME **JEFFERIES, ARCHIE**  
STREET ADDRESS **3490 NW 16 AVE**  
CITY-ST-ZIP **OCALA FL 34475**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Donnie Haynes*  
STREET ADDRESS *10050 NW 110th*  
CITY-ST-ZIP *Reddick FL 32686*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Jersey Simpson*  
STREET ADDRESS *1650 S.W. 5th PL*  
CITY-ST-ZIP *OCALA, FLA 34474*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ronald W. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-20-04*

Date

*352-629-0619*

Daytime Phone #