


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90313 029 ****70.00

DOCUMENT # <u>1100000004991</u>	
1. Entity Name <u>Men Trying To Better Community</u>	

DO NOT WRITE IN THIS SPACE

40031172

2. Principal Place of Business <u>2119 N.W. 24th Rd</u>		3. Mailing Address <u>P.O. Box 0312</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Ocala FL</u>		City & State <u>Ocala FL</u>	
Zip <u>34475</u>	Country <u>marion</u>	Zip <u>34475</u>	Country <u>marion</u>

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DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For
			Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
		Name <u>Ronald W. Jones</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>2119 N.W. 24th Rd</u>	
		City <u>Ocala</u>	FL Zip Code <u>34475</u>

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 Ronald W. Jones 3-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres. David Woodbury</u> <u>826 N.W. 6th Ave</u> <u>Ocala, FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec. Ronald W. Jones</u> <u>2119 N.W. 24th Rd</u> <u>Ocala FL 34475</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treas. Jerry Simpson</u> <u>1650 S.W. 51st Place</u> <u>Ocala, FL 34474</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Florence Ray</u> <u>1714 N.W. 18th Ave</u> <u>Ocala FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Hinton Kinsher III</u> <u>P.O. Box 5593</u> <u>34478</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald W. Jones

CR2E037B (12/02)