

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

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 043 ****70.00

DOCUMENT # N000000004991
1. Entity Name
Men Trying To Better The Community

DO NOT WRITE IN THIS SPACE

60037431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2119 N.W. 24th Rd
Suite, Apt. #, etc.
City & State
Ocala, FL
Zip
34475 Country
USA

3. Mailing Address
P.O. Box 0312
Suite, Apt. #, etc.
City & State
Ocala, FL
Zip
34475 Country
USA

4. FEI Number
593658007
Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

**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.

SIGNATURE

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. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President	David Woodbury	826 NW 6 Ave	Ocala, FL 34475
Sec.	Ronald W. Jones	2119 N.W. 24th Rd	Ocala, FL 34475
Tres.	Jeary Simpson	1650 SW 5th St	Ocala, FL 34474
	Florence Ray	1714 N.W. 18th Ave	Ocala, FL 34475

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

41-30-06

804.5046

CR2E037B (12/01)