

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90198 025 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE **D** ☐ Delete  
NAME **RAY, FLORENCE**  
STREET ADDRESS **1714 NW 18 AVE**  
CITY-STATE-ZIP **OCALA FL**

TITLE **D** ☐ Delete  
NAME **KINSLER, HINTON III**  
STREET ADDRESS **PO BOX 5593**  
CITY-STATE-ZIP **OCALA FL 34478**

TITLE **P** ☐ Delete  
NAME **WOODBURY, DAVID**  
STREET ADDRESS **826 NW 6TH AVE**  
CITY-STATE-ZIP **OCALA FL**

TITLE **T** ☐ Delete  
NAME **SIMPSON, JERRY**  
STREET ADDRESS **1650 SW 5TH PL**  
CITY-STATE-ZIP **OCALA FL 34474**

TITLE **D** ☒ Delete  
NAME **WILLIAMS, DAVID**  
STREET ADDRESS **1313 NW 27TH AVE**  
CITY-STATE-ZIP **OCALA FL 34473**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **CURTIS SIMS**  
CITY-STATE-ZIP **P.O. BOX 811  
MASSONVILLE, FL 34753-0811**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-08**

**352-804-5046**