

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004991

FILED  
Feb 15, 2009  
Secretary of State

**Entity Name:** MEN TRYING TO BETTER THE COMMUNITY INC.

**Current Principal Place of Business:**

2119 NW 24 ROAD  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 0312  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-3658007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, RONALD  
2119 NW 24 ROAD  
OCALA, FL 34475 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: S ( ) Delete  
Name: JONES, RONALD  
Address: 2119 NW 24 ROAD  
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete  
Name: RAY, FLORENCE  
Address: 1714 NW 18 AVE  
City-St-Zip: OCALA, FL

Title: D ( ) Delete  
Name: KINSLER, HINTON III  
Address: PO BOX 5593  
City-St-Zip: OCALA, FL 34478

Title: P ( ) Delete  
Name: WOODBURY, DAVID  
Address: 826 NW 6TH AVE  
City-St-Zip: OCALA, FL

Title: T ( ) Delete  
Name: SIMPSON, JERRY  
Address: 1650 SW 5TH PL  
City-St-Zip: OCALA, FL 34474

Title: S ( ) Delete  
Name: SIMS, CURTIS  
Address: P.O. BOX 811  
City-St-Zip: MASCOTTE, FL 347530811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CURTIS SIMS

MR.

02/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date