

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90334 011 ****61.25

DOCUMENT # N03000002439

1. Entity Name

MEN WHO CARE, INC.



Principal Place of Business

**401-B YELVINGTON AVE
CLEARWATER FL 33755**

Mailing Address

**6714 113 AVE
TEMPLE TERRACE FL 33617**

2. Principal Place of Business

3. Mailing Address

6325 Jacqueline Arbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Temple Terrace, FL

Zip

Country

Zip

Country

33617

4. FEI Number

20-0665070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUMMOND, TEMPLE H

**6711 113 AVE
TEMPLE TERRACE FL 33617**

Name

Street Address (P.O. Box Number is Not Acceptable)

6325 Jacqueline Arbor Drive

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

Temple H. Drummond, Temple H. Drummond

1/22/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BRADHAM, CAROLYN
401-B YELVINGTON AVE
CLEARWATER FL 33755** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
LAWRENCE B. SCHIFF
401-B YELVINGTON AVE
CLEARWATER FL 33755** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHNSON, ALFREDDIE
401-B YELVINGTON AVE
CLEARWATER FL 33755** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WORKMAN, STEPHEN S
401-B YELVINGTON AVE
CLEARWATER FL 33755** ☒ Delete

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

TITLE
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STREET ADDRESS
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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:

Carol Bradham

2/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #