

**2006, NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90218 048 ***150.00

DOCUMENT # N03000002439

1. Entity Name
MEN WHO CARE, INC.



Principal Place of Business
**401-B YELVINGTON AVE
CLEARWATER, FL 33755**

Mailing Address
**6325 JACQUELINE ARBOR DR.
TEMPLE TERRACE, FL 33617**

DO NOT WRITE IN THIS SPACE

03192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0665070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
6325 JACQUELINE ARBOR DR. *328 West Bearss Ave.*
TEMPLE TERRACE, FL 33617 *Tampa, FL 33613*

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Temple H. Drummond* *Temple H. Drummond* *4/20/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PALELEI, GEORGE
2333 CAERLEON RD
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carolyn Bradham*
CAROLYN BRADHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06 *727-447-4200*
Date Daytime Phone #