

FILE NOW: FILING FEE IS \$61.20

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04084** (2)
1. Corporation Name
THE MEN AND WOMEN SOCIAL SAVINGS CLUB, INC.



Principal Place of Business
**6710 VAN GUNDY RD
JACKSONVILLE FL 32208-2922**

Mailing Address
**6710 VAN GUNDY RD
JACKSONVILLE FL 32208-2922**

3. Date Incorporated or Qualified 07/09/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-7681674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6710 Van Gundy Road	26 6710 Van Gundy Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip	Zip
24 32208-2922	29 32208-2922
Country	Country
25 Duval	30 Duval

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MELTON, DELORIS 6710 VAN GUNDY JACKSONVILLE FL 32209	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
NAME	STREET ADDRESS	1.2 NAME	STREET ADDRESS
CITY-ST-ZIP		1.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	NAME
NAME	STREET ADDRESS	2.2 NAME	STREET ADDRESS
CITY-ST-ZIP		2.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	NAME
NAME	STREET ADDRESS	3.2 NAME	STREET ADDRESS
CITY-ST-ZIP		3.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	NAME
NAME	STREET ADDRESS	4.2 NAME	STREET ADDRESS
CITY-ST-ZIP		4.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	NAME
NAME	STREET ADDRESS	5.2 NAME	STREET ADDRESS
CITY-ST-ZIP		5.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
NAME	STREET ADDRESS	6.2 NAME	STREET ADDRESS
CITY-ST-ZIP		6.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deloris Melton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 (904) 765-8365
Date Daytime Phone #

CR2E037 (12/95)