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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N04084 (2)

1. Corporation Name

THE MEN AND WOMEN SOCIAL SAVINGS CLUB, INC.

Principal Place of Business

Mailing Address

6710 VAN GUNDY RD
JACKSONVILLE FL 32208-2922

6710 VAN GUNDY RD
JACKSONVILLE FL 32208-2922



3. Date Incorporated or Qualified
07/09/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 MEN & WOMEN CLUB, INC.

2b. Mailing Address

26 6710 Van Gundy Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville

27 City & State

28 Florida

24 Zip 32209

25 Country America

29 Zip

30 Country

4. FEI Number
59-7681674

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SLOAN, WILLIE M
STREET ADDRESS 5901 DOTSIE DR S
CITY-ST-ZIP JACKSONVILLE FL 32209

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SC
NAME FLUKER, WILLIE JAMES
STREET ADDRESS 6901 VAN GUNDY
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AMSD
NAME MOTE, JUSTINE
STREET ADDRESS 3340 NANCY ST
CITY-ST-ZIP JACKSONVILLE FL 32209

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME MILES, JOHN E
STREET ADDRESS 1019 WEST 28TH STREET
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME SMITH, JUDY
STREET ADDRESS YULEE ST
CITY-ST-ZIP JACKSONVILLE FL 32209

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE FSD
NAME MELTON, DELORIS
STREET ADDRESS 5116 C. STREET
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

05/10/1997

CR2E037 (9/96)