

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04084** (2)
1. Corporation Name
THE MEN AND WOMEN SOCIAL SAVINGS CLUB, INC.



Principal Place of Business MEN & WOMEN CLUB INC 6710 VAN GUNDY RD JACKSONVILLE FL 32209 US	Mailing Address 6710 VAN GUNDY RD JACKSONVILLE FL 32208-2922 US
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3. Date Incorporated or Qualified 07/09/1984	
4. FEI Number 59-7681674	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MELTON, DELORIS 6710 VAN GUNDY JACKSONVILLE FL 32209
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10. Name and Address of New Registered Agent 81 Name MEN & WOMEN CLUB, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 6710 VAN GUNDY ROAD 83 84 City JACKSONVILLE, FL 85 Zip Code 32208
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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 DELORIS MELTON *Deloris Melton* 04-25-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SLOAN, WILLIE M
STREET ADDRESS	5901 DOTSIE DR S
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	SC
NAME	FLUKER, WILLIE JAMES
STREET ADDRESS	6901 VAN GUNDY
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AMSD
NAME	MOTE, JUSTINE
STREET ADDRESS	3340 NANCY ST
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	V
NAME	MILES, JOHN E
STREET ADDRESS	1019 WEST 26TH STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD
NAME	SMITH, JUDY
STREET ADDRESS	YULEE ST
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	FSD
NAME	MELTON, DELORIS
STREET ADDRESS	5116 C. STREET
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Deloris Melton* 04-25-98

CR2E037 (10/97)