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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04084

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**



2. Principal Place of Business

21 MEN AND WOMEN CLUB, INC

2a. Mailing Address

Suite, Apt. #, etc.

22 6710 VAN GUNDY RD,

City & State

23 JACKSONVILLE, FL

Zip

24 32209

Country

25 AMERICA

Zip

Country

30

3. Date Incorporated or Qualified

07/09/1984

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

9. Name and Address of Current Registered Agent

**MELTON, DELORIS
6710 VAN GUNDY
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

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 **MEN AND WOMEN CLUB, INC.**

4/27/99

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** ☐ DELETE

NAME **SLOAN, WILLIE M**

STREET ADDRESS **5901 DOTSIE DR S**

CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **SC** ☐ DELETE

NAME **FLUKER, WILLIE JAMES**

STREET ADDRESS **6901 VAN GUNDY**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **AMSD** ☐ DELETE

NAME **MOTE, JUSTINE**

STREET ADDRESS **3340 NANCY ST**

CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **V** ☐ DELETE

NAME **MILES, JOHN E**

STREET ADDRESS **1019 WEST 26TH STREET**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE

NAME **SMITH, JUDY**

STREET ADDRESS **YULEE ST**

CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **FSD** ☐ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE:

Signature of Deloris Melton
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/99

Date

(904) 764-4740

Daytime Phone #

CR2E037 (11/98)