

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000962

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** NATURAL MEN AND NATURAL WOMEN ORGANIZATION, INC.

**Current Principal Place of Business:**

1196 A CAPITAL CIRCLE NE  
STE. A  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7673  
TALLAHASSEE, FL 32314 US

**New Mailing Address:**

**FEI Number:** 05-0616494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, KENNETH J CFO/COO  
1811 HARTSFIELD ROAD  
4  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** GLOVER, MARVIN  
**Address:** 344 SW 8TH AVE  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** CFO/  
**Name:** ALEXANDER, KENNETH J CFO/COO  
**Address:** 1811-4 HARTSFIELD ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** DIR  
**Name:** WILLIAMS, AISHA C DIRECTO  
**Address:** 1839 LANE AVENUE SOUTH; SUITE 108  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** DIR  
**Name:** WILLIAMS, ELIZABETH R DIRECTO  
**Address:** 1839 LANE AVENUE SOUTH; SUITE 108  
**City-St-Zip:** JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KENNETH J. ALEXANDER

CFO/

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date