2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 10, 2007 8:00 am
Secretary of State
07-16-2007 90130 042 ****11.25
04-30-2007 90792 001 ***200.00

66021858

DOCUMENT # N05000003980

1. Entity Name
MEN FOR MODERN REFORMATION, INC.

Principal Place of Business	Mailing Address
7000 KLONDIKE RD. PENSACOLA, FL 32526	7000 KLONDIKE RD. PENSACOLA, FL 32526

07132007 Chg-NP CR2E037 (12/06)

20-3694114

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR [redacted] ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEONARD, TODD C 7000 KLONDIKE RD PENSACOLA, FL 32526	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEONARD, TODD C 7000 KLONDIKE RD. PENSACOLA, FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA LEONARD, TRINA C 7000 KLONDIKE RD. PENSACOLA, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERTSON, THOMAS 307 ROBIN HOOD LANE PENSACOLA, FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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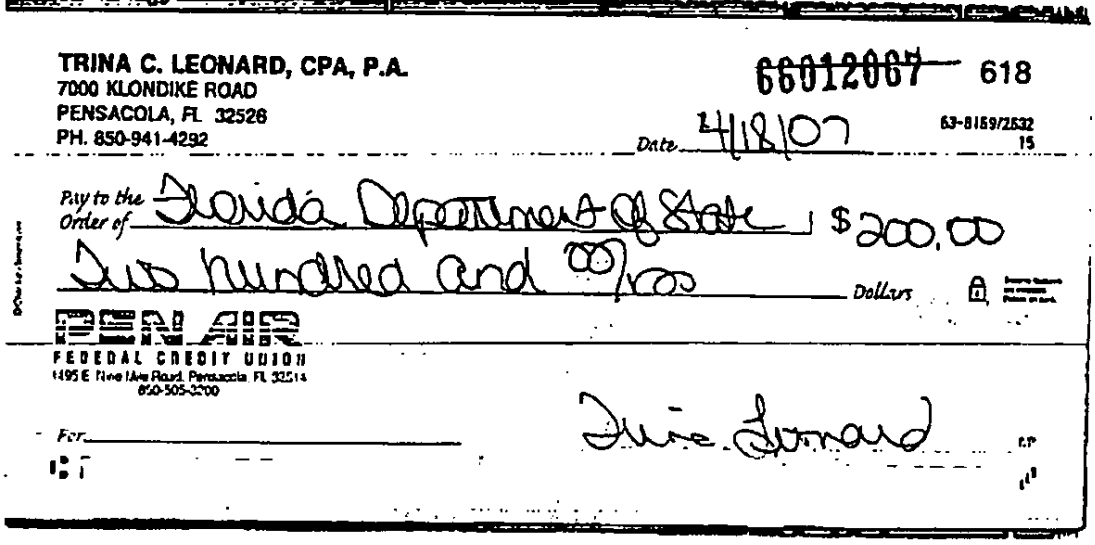
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Trina C. Leonard CPA — 850-941-1682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 660218558
F-N05000003980

Please be patient while your image is downloading.



TRINA C. LEONARD, CPA, P.A.
7000 KLONDIKE ROAD
PENSACOLA, FL 32526
PH. 850-941-4292

~~66012067~~ 618

Date 4/18/07

63-8159/2532
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Pay to the Order of Florida Department of State $200.00

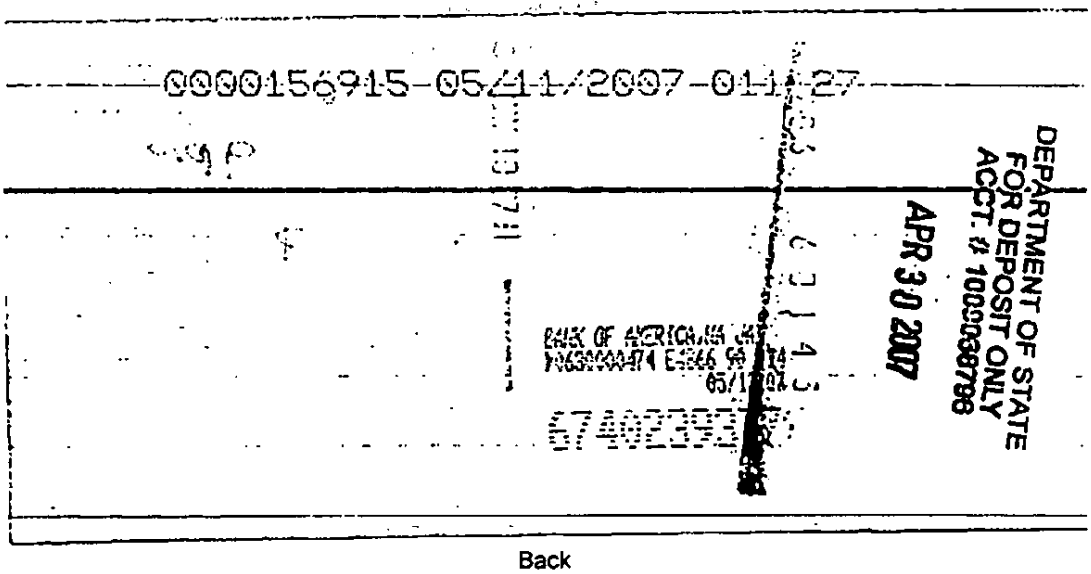
Two hundred and 00/100 Dollars

PEN AIR
FEDERAL CREDIT UNION
1495 E Nine Mile Road, Pensacola, FL 32514
850-505-3700

For

Trina Leonard

Front



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This pmt. includes $200 for Men For Modern Reformation
Per t/c w/ Dept. of State. 11.25 due