## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 10, 2007 8:00 am Secretary of State

1. Entity Nar	IMENT # N0500000 THE MAN CENTERS, INC.	7769				94-10-2007 9	00022 013 ****61	.25	
212 STUAR	ce of Business T AVENUE S, FL 33853	Mailing Address 212 STUART AVENUE LAKE WALES, FL 338:	53	· · · · · · · · · · · · · · · · · · ·	I IBRANOL WILLES	12) B1111 PETT BB111 B	1811 Abril av il 18911 lözle 4 1718	<i>it</i> 11 (1	
	Place of Business - No P.O. Box #	3. Mailing Address 6843 Main Street	<del></del>						
		Suite, Apt. #, etc.			01232007	Chg-NP	CR2E037 (12/06)	-037 (12/06 <b>)</b>	
City B Sta	<u></u>	City of Charles							
City & State Miami, FL 1		Miami, FL	City & State Miami, FL		4. FEI Number 20-44040	67	<del>  -</del>	Applied For Not Applicable	
Zip 33016	Country	Zip 33016	Country		5. Certificate of	Status Desired	S8.75 A		
	6. Name and Address of Current	Registered Agent			7. Name and A	dress of New I	Registered Agent		
GIBŞON,	ROBIN		Name	Chip E	Burpee				
212 E. ST	UART AVENUE		Street	Address ( 6843 Main	P.O. Box Number i Street	s Not Acceptabl	le)		
LAKE WA	LES, FL 33853					<del>, , , , , , , , , , , , , , , , , , , </del>			
			City	Miami			FL Zip Co	de	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office		ed agent, or both,	in the State of FI	330.0	h, and accept	
						41	( 00		
SIGNATURE	Signature, typed or printed name of registered agent	neo_	E: Registered Agent sign			7-	6-07 DATE		
	Signature, typed or printed frame or registered agent	and the ii applicable. (NOT	E: Hegistered Agent sign	ernie redhwed	when searcating)		- UXIE		
	Filing Fee is \$61.25 Due by May 1, 2007		mpaign Financing Contribution.		\$5.00 May Be Added to Fees		lake check payable rida Department of		
10.	Due by May 1, 2007 OFFICERS AND DI	Trust Fund (			Added to Fees	Flor		N 10	
TITLE	OFFICERS AND DI	Trust Fund (	11.		Added to Fees	Flor	rida Department of	N 10	
	Due by May 1, 2007 OFFICERS AND DI	Trust Fund (	Contribution.		Added to Fees	Flor	RS AND DIRECTORS I	N 10	
TITLE NAME	OFFICERS AND DIE C GRAHAM, BOB	Trust Fund (	11.  IITLE NAME		Added to Fees	Flor	RS AND DIRECTORS I	N 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE C GRAHAM, BOB 6843 MAIN ST HIALEAH, FL 33014	Trust Fund (	11.  JITLE  NAME  STREET ADDRESS		Added to Fees	Flor	RS AND DIRECTORS I	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE C GRAHAM, BOB 6843 MAIN ST HIALEAH, FL 33014 CCD WEHMEYER, ANN	Trust Fund (	11.  11.  11LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		Added to Fees	Flor	rida Department of :  RS AND DIRECTORS I	State N 10 Addition	
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## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## ATTACHMENT

		L KEFORT			71117		= 1 / I		
1. Entity Nar	MENT # N0500000 THE THE MENTERS, INC.	7769							
212 STUAR	ce of Business T AVENUE S, FL 33853	Meiling Address 212 STUART AVENUE LAKE WALES, FL 3385	3			-1	-1		
					400	554	18		
2. Principal I	Place of Business - No P.O. Box #	3. Mailing Address		ļ	100		<u>.</u>	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt	, #, etc.	Suite, Apt. #, etc.			01232007 C	ng-NP	CR2E03	7 (12/06)	
City & State		City & State	City & State		1. FEI Number 20-440406	7		<del></del>	pplied For ot Applicable
Zip	Country	Zip	Country	5	5. Certificate of St	atus Desired		\$8.75 Add	ditional
	6. Name and Address of Currer	nt Registered Agent		<del></del>	. Name and Add	ress of New		<u>`</u>	
			Name						
	ROBIN UART AVENUE LES, FL 33853		Street	Address (P.C	). Box Number is N	Not Acceptab	le)		
			City			<del>,</del>	FL	Zip Cod	Je
	e named entity submits this statement	for the purpose of changing its r	registered office of	or registered	agent, or both, in	the State of F	lorida. I am f	amiliar with,	and accept
the obliga	tions of registered agent.								
SIGNATURE	-						DATE		<del></del>
	Signature, typed or printed name of registered age	ntanoidhe ir approcione. (NO 16:	: Registered Agent signs	stnia ladinkati wua	en reinstaling)		DATE		
		RUFFIER, JOAN							
	Filing Fee is \$61.25 Due by May 1, 2007	729. AEBAIDR PER ORLANDUST ESSENCE			5.00 May Be ided to Fees	* * * * * * * * * * * * * * * * * * * *	Make check rida Depart		M + 2
10.	Due by May 1, 2007 OFFICERS AND D	729. AEBAIDRINEM ORLANDUSTESSEL		LJ Ad	5.00 May Be	Flo	rida Depart	ment of S	táte
TITLE	OFFICERS AND D	729. AEBAIDRINEM ORLANDUSTESSEL	11.	ADE	5.00 May Be ided to Fees	Flo	rida Depart	ment of S	tate
TITLE NAME	OFFICERS AND D C GRAHAM, BOB	729.AEBAIDR PEM ORLANGUSE SYNGP DIRECTORS	11. TITLE NAME	ADD D RUFFIER,	5.00 May Be ided to Fees DITIONS/CHANGE	Flo	rida Depart	Ment of S	tate
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