

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008637

FILED
Apr 28, 2006
Secretary of State

Entity Name: MEN OF PROMISE OF ORLANDO INC.

Current Principal Place of Business:

930 AMAROS AVE.
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

930 AMAROS AVE.
ORLANDO, FL 32811

New Mailing Address:

PO BOX 616371
ORLANDO, FL 32861

FEI Number: 87-0750577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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: DP () Delete
Name: WILLIAMS, ROBERT
Address: 6372 EDGE O GROVE CIR.
City-St-Zip: ORLANDO, FL 32319

Title: DVP () Delete
Name: WILLIAMSON, PAUL
Address: 1043 LOVE LANE
City-St-Zip: ORLANDO, FL 32703

Title: DS () Delete
Name: HICKEY, CLAUDE
Address: 2970 N PINE HILLS RD APT. F-4
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: MCRAE, SIMON
Address: 930 AMAROS AVE.
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SIMON MCRAE

T

04/28/2006

Electronic Signature of Signing Officer or Director

Date