

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004175

Entity Name: MEN OF WELDON INC.

FILED
Sep 19, 2008
Secretary of State

Current Principal Place of Business:

1840 WEST 9TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1840 WEST 9TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 33-1137593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONARD, TONY
5954 ORTEGA RIVER CIR
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

LYNCH, ROBERT P
4704 ALGONQUIN AVENUE
JACKSONVILLE, FL 32210 US

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: ROBERT P. LYNCH

09/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONARD, TONY
Address: 5954 ORTEGA RIVER CIR
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP () Delete
Name: BARNARD, JOHN
Address: 4627 IVANHOE RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: T (X) Delete
Name: KELLY, MIKE
Address: 4250 ORTEGA FOREST DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD (X) Delete
Name: STARKS, DARRELL
Address: 1335 SPANISH NEEDLE CT
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Delete
Name: LASHBROOK, MICHAEL
Address: 11155 WETHERSFIELD CT
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHRISTOPHER, JEFF
Address: 4819 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: T (X) Change () Addition
Name: LYNCH, ROBERT P
Address: 4704 ALGONQUIN AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

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 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: ROBERT P. LYNCH

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09/19/2008

Electronic Signature of Signing Officer or Director

Date