

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90045 023 ****61.25

DOCUMENT # N18439

1. Corporation Name

MEN'S CLUB OF QUEEN OF PEACE MISSION, INC.

Principal Place of Business

Mailing Address

6455 S.W. STATE RD.200
OCALA FL 34476
US

6455 S.W. STATE RD.200
OCALA FL 34476
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/24/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HELLER, DAVID
5120 SW 103 ST RD
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name Russell Page
82 Street Address (P.O. Box Number is Not Acceptable)
10823 SW 67th Terrace
83
84 City Ocala FL 85 Zip Code 34476

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Russell Page
Signature, typed or printed name of registered agent and title if applicable.

RUSSELL PAGE Pres.

4/7/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, ROBERT	
STREET ADDRESS	710 SW 26TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, RUSS	
STREET ADDRESS	10823 SW 67TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WATKINS, CHARLES	
STREET ADDRESS	8033 SW 103 LN	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HELLER, DAVID	
STREET ADDRESS	510 SW 103 ST RD	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'DOHERTY, PATRICK J.	
STREET ADDRESS	6455 S.W. STATE RD.200	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Russell Page	
1.3 STREET ADDRESS	10823 SW 67th Terrace	
1.4 CITY-ST-ZIP	OCALA FL 34476	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Henry Fenty	
2.3 STREET ADDRESS	3674 SW 57 Court	
2.4 CITY-ST-ZIP	OCALA, FL 34479	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charles Imeriale	
3.3 STREET ADDRESS	7783 SW 117 St. Rd	
3.4 CITY-ST-ZIP	OCALA FL 34481	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charles Altemus	
4.3 STREET ADDRESS	8868 K SW 97 Lane Rd.	
4.4 CITY-ST-ZIP	OCALA, FL 34481	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

854-7004
Daytime Phone #