FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46965** **(2)**

1. Corporation Name

MEN FOR THE MOMENT, INC.

Principal Place of Business	Mailing Address
2170 MANEY DR. JACKSONVILLE FL 32216	5800 BEACH BLVD #203-327 JACKSONVILLE FL 32207-180 US

3. Date Incorporated or Qualified: **01/23/1992**
3a. Date of Last Report: **01/31/1995**

4. FEI Number: **59-3113878** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6105 PHILLIPS HIGHWAY	26 6105 PHILLIPS HIGHWAY
Suite, Apt. #, etc. 22 SUITE 1	Suite, Apt. #, etc. 27 SUITE 1
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32216 / 25 USA	Zip / Country 29 32216 / 30 USA

9. Name and Address of Current Registered Agent

BRANT MOORE SAPP MACDONALD & WELLS P.A.
50 NORTH LAURA ST
SUITE 3100
JACKSONVILLE FL 32201-4548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	BREWER, JAMES		1.2 NAME	JAMES C. BREWER	
STREET ADDRESS	~~800 BEACH BLVD STE 2023-327~~		1.3 STREET ADDRESS	6105 PHILLIPS HIGHWAY, SUITE 1	
CITY-ST-ZIP	~~JACKSONVILLE FL 32207-5180~~		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	T	☐ DELETE	2.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	HOPE, WILLIAM		2.2 NAME	HOPE, WILLIAM	
STREET ADDRESS	8700 HAMPSHIRE GLEN DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	CRENSHAW, MCCARTHY JR		3.2 NAME	BLOUNT, JOHN O. III	
STREET ADDRESS	3855 ST JOHNS AVE		3.3 STREET ADDRESS	1351 HOLMESDALE	
CITY-ST-ZIP	JACKSONVILLE FL 32205-9355		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207-8824	
TITLE	T	☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	TOOLE, A.J. III		4.2 NAME	TUTEN, H.W. III	
STREET ADDRESS	3824 BETTS CIRCLE		4.3 STREET ADDRESS	9159 RUNNYMEADE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	T	☐ DELETE	5.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	MCTNTOSH, BRICEI		5.2 NAME	MCINTOSH, BRICE S.	
STREET ADDRESS	7207 TRAUS END		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HEYWARD, GEORGE		6.2 NAME		
STREET ADDRESS	3840 OLD FIELD TR		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James C. Brewer 2/14/96 904-636-9873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #