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FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

6105 PHILLIPS HWY
SUITE 1
JACKSONVILLE FL 32216
US6105 PHILLIPS HWY
SUITE 1
JACKSONVILLE FL 32216-5920
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
01/23/19923a. Date of Last Report
02/21/1996

4. FEI Number

59-3113878

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐Yes ☐ No

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

BRANT, MOORE, MACDONALD & WELLS, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

50 N. LAURA ST

83

SUITE 3100

84 City

JACKSONVILLE FL 32201-4548

85 Zip Code

FL 32201-4548

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

TITLE P ☐ DELETE
NAME BREWER, JAMES
STREET ADDRESS 6105 PHILLIPS HWY SUITE 1
CITY-ST-ZIP JACKSONVILLE FLTITLE T ☒ DELETE
NAME HOPF, WILLIAM
STREET ADDRESS 8700 HAMPSHIRE GLEN DR
CITY-ST-ZIP JACKSONVILLE FLTITLE T ☐ DELETE
NAME CRENSHAW, MCCARTHY JR
STREET ADDRESS 3855 ST JOHNS AVE
CITY-ST-ZIP JACKSONVILLE FLTITLE T ☐ DELETE
NAME TOOLE, A.J. III
STREET ADDRESS 3824 BETTS CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE S ☐ DELETE
NAME MCINTOSH, BRICE S.
STREET ADDRESS 7207 TRAUSS END
CITY-ST-ZIP JACKSONVILLE FLTITLE T ☐ DELETE
NAME BLOUNT, JOHN O. III
STREET ADDRESS 1356 HOLMESDALE
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition
1.2 NAME ROBERT E. HULSHANDER, JR
1.3 STREET ADDRESS 7762 BLANDING BLVD
1.4 CITY-ST-ZIP JACKSONVILLE FL 322442.1 TITLE T ☐ Change ☒ Addition
2.2 NAME HWTUTEN, III
2.3 STREET ADDRESS 9159 RUNNYMEADE RD
2.4 CITY-ST-ZIP JACKSONVILLE FL 322573.1 TITLE T ☐ Change ☒ Addition
3.2 NAME ROBERT B. JACKSON
3.3 STREET ADDRESS 4309 JEREMY'S LANDING DR. N.
3.4 CITY-ST-ZIP JACKSONVILLE FL 32258-41404.1 TITLE T ☐ Change ☒ Addition
4.2 NAME GEORGE M. SCHNEIDER
4.3 STREET ADDRESS 13530 MANDARIN ROAD
4.4 CITY-ST-ZIP JACKSONVILLE FL 322235.1 TITLE VP ☐ Change ☒ Addition
5.2 NAME WILLIAM P. BRANT
5.3 STREET ADDRESS 1365 CADDELL
5.4 CITY-ST-ZIP JACKSONVILLE FL 322176.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: JAMES C. BREWER, PRESIDENT James C. Brewer 1/10/97 904-636-9873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006810

CR2E037 (9/96)