

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46965 (2)**  
1. Corporation Name  
**MEN FOR THE MOMENT, INC.**

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

3. Date Incorporated or Qualified  
**01/23/1992**

4. FEI Number  
**59-3113878**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**BRANT, MOORE M 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HULSLANDER, ROBERT E JR 7762 BLANDING BLVD JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TUTEN, H W III 9159 RUNNYMEADE RD JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JACKSON, ROBERT S 4309 JEREMY'S LANDING DR N JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCHNEIDER, GEORGE M 13530 MANDARIN RD JACKSONVILLE FL 32223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BRANT, WILLIAM P 1365 CADDELL JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BLOUNT, JOHN O. III 1356 HOLMESDALE JACKSONVILLE FL 32207</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>T MCMAHON, CRENshaw, MACARTHY 3855 ST. JOHNS AVE JACKSONVILLE FL 32205</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>T TOOLE, ALBERT J III 3824 BETTES CIRCLE JACKSONVILLE FL 32210</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SECRETARY-TREASURER MOOREHAM, MITCHELL 4750 Northern Yacht Dr. JACKSONVILLE, FL 32257</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T MCINTOSH, BRUCE S 7207 TRAILS END JACKSONVILLE FL 32211</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>PRESIDENT James C. Rauen 2170 MANNING DR JACKSONVILLE, FL 32216</b>
6.1 TITLE 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.

SIGNATURE: James C. Rauen 5/1/98 9046369873

CR2E037 (10/97)