


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90077 002 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N46965

1. Corporation Name

MEN FOR THE MOMENT, INC.

Principal Place of Business

6105 PHILLIPS HWY
SUITE 1
JACKSONVILLE FL 32216
US

Mailing Address

6105 PHILLIPS HWY
SUITE 1
JACKSONVILLE FL 32216
US



| | | |
|--------------------------------|------------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 01/23/1992 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip Country | 28 Zip Country | 59-3113878 |
| 24 | 25 | 29 |
| 30 | 31 | 32 |

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

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

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 | T | 1.1 TITLE | SECRETARY-TREASURER |
| NAME | HULSLANDER, ROEBRT E JR | 1.2 NAME | MITCHELL D. MDONEYHAM |
| STREET ADDRESS | 7762 BLANDING BLVD | 1.3 STREET ADDRESS | 4750 N 4750 NORTH PACIFIC DR. |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32257 |
| TITLE | T | 2.1 TITLE | T |
| NAME | TOOLE, A J III | 2.2 NAME | BRICE S. MCINTOSH |
| STREET ADDRESS | 3824 BETTES CIR | 2.3 STREET ADDRESS | 7207 TRAILS END |
| CITY-ST-ZIP | JAX FL 32210 | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32211 |
| TITLE | T | 3.1 TITLE | PRESIDENT |
| NAME | JACKSON, ROBERT S | 3.2 NAME | JAMES C. BREWER |
| STREET ADDRESS | 4309 JEREMY'S LANDING DR N | 3.3 STREET ADDRESS | 2170 MANEY DR |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | JACKSONVILLE, FL 32216 |
| TITLE | T | 4.1 TITLE | |
| NAME | SCHNEIDER, GEORGE M | 4.2 NAME | |
| STREET ADDRESS | 13530 MANDARIN RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | VP | 5.1 TITLE | |
| NAME | BRANT, WILLIAM P | 5.2 NAME | |
| STREET ADDRESS | 1365 CADDELL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | T | 6.1 TITLE | |
| NAME | BLOUNT, JOHN O. III | 6.2 NAME | |
| STREET ADDRESS | 1356 HOLMESDALE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 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:

James C. Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99 904636-9873
Date Daytime Phone #

CR2E037 (1/198)