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FILED

Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005126 (8)

1. Corporation Name

MEN OF VISION SOCIAL CLUB OF HIGHLANDS COUNTY, I  
NC.

Principal Place of Business

Mailing Address

27 PALM CIRCLE  
AVON PARK FL 33825P O BOX 1621  
SEBRING FL 33871-1621  
US3. Date Incorporated or Qualified  
11/13/19933a. Date of Last Report  
03/21/19964. FEI Number  
65-0444636Applied For  
Not Applicable5. 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNT, MARVIN  
901 SOUTH LOTELA AVENUE  
AVON PARK FL 33825

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 *Marvin Hunt*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME ~~BOB, ARTHUR SR.~~  
STREET ADDRESS ~~1282 LAKE LOTELA DR.~~  
CITY-ST-ZIP ~~AVON PARK FL~~1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME PD *McGhee, Selvin*  
1.3 STREET ADDRESS *P.O. Box 1302*  
1.4 CITY-ST-ZIP *Sebring, FL 33871*TITLE SD ☐ DELETE  
NAME ~~OVERSTREET, TANNIS~~  
STREET ADDRESS ~~4117 FONSECA AVE.~~  
CITY-ST-ZIP ~~SEBRING FL~~2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME SD *Williams, Nathaniel*  
2.3 STREET ADDRESS *1713 Lake Lotela Dr.*  
2.4 CITY-ST-ZIP *Avon Park, FL*TITLE T ☐ DELETE  
NAME HUNT, MARVIN  
STREET ADDRESS 901 SOUTH LOTELA AVE.  
CITY-ST-ZIP AVON PARK FL 338253.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE FS ☐ DELETE  
NAME HULEN, J.L.  
STREET ADDRESS 27 PALM CIRCLE  
CITY-ST-ZIP AVON PARK FL 338254.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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: *Marvin Hunt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-97

Date

Daytime Phone # 0054332

CP2E037 (9/96)