


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005126		
1. Entity Name MEN OF VISION SOCIAL CLUB OF HIGHLANDS COUNTY, INC.		
Principal Place of Business 27 PALM CIRCLE AVON PARK, FL 33825	Mailing Address P O BOX 1621 SEBRING, FL 33870 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HUNT, MARVIN 901 SOUTH LOTELA AVENUE AVON PARK, FL 33825		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000355470 05/03/05-80148-020 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCGAHEE, SELVIN 1719 QUEEN AVE SEBRING, FL 33871	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, ARTHUR J SR 1282 LAKE LO TELA DR AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUNT, MARVIN 901 SOUTH LOTELA AVE AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, NATHANIEL 1713 LAKE LOTCIA DR AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Marvin Hunt</i> 4-29-05 (863) 452-1622 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

**DO NOT WRITE
IN THIS SPACE**