


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005126</b>	
1. Entity Name <b>MEN OF VISION SOCIAL CLUB OF HIGHLANDS COUNTY, INC.</b>	

Principal Place of Business <b>27 PALM CIRCLE AVON PARK, FL 33825</b>	Mailing Address <b>P O BOX 1621 SEBRING, FL 33870 US</b>
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03062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0444636</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000540368 05/10/06-80014-021 61.25</b>
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10. OFFICERS AND DIRECTORS	
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	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <i>Selvin McGahee</i> ( <b>SELVIN MCGAHEE</b> )	<b>4/25/06</b> ( <b>863</b> ) <b>214 6276</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>