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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001519 (6)

1. Corporation Name

MEN OF PROMISE, INC.



Principal Place of Business

Mailing Address

**3200 U.S. 27 SOUTH
SEBRING FL 33870**

**3200 U.S. 27 SOUTH
SEBRING FL 33870**

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABLES, CLIFFORD M III
457 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

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 617.1506, 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

(If Officer Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

WISE, TRAVIS

STREET ADDRESS

6208 LAKESHORE ROAD

CITY - ST - ZIP

SEBRING FL 33870

TITLE

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☐ DELETE

NAME

TERRELL, BOB M

STREET ADDRESS

112 HOLMES COURT

CITY - ST - ZIP

SEBRING FL 33872

TITLE

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NAME

STATLER, PHILLIP W

STREET ADDRESS

220 ROSE AVENUE

CITY - ST - ZIP

SEBRING FL 33870

TITLE

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip W. Statler

3/19/96

944-382-0037

CR2E037 (12/95)