FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000001519 (6)

** Corporatio	II IAGUND	•	•			\			
MEN C	OF PROMISE, INC.								
Principal Place of Business Mailing Address						- I TROVINSK BYR 1816 I SKYR DOWN BOOK SOUN BOOK SALEK 1906 SALEK 1907 BOOK SALEK			
3200 U.S. 27 SOUTH 3200 U.S. 27 SOUTH SEBRING FL 33870 SEBRING FL 33870						3. Date Incorporated or Qualified 03/28/1995			
						4. FEI Number 65-0580789	—	oplied For of Applicabl	
2. Principal P	lace of Business	2e. Mailing Address	⊢			5. Certificate of Status Desired	60 72		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
City & Stat	е	City & State	<u> </u>			7. Is this nonprofit corporation a homeowners association?			
Zip	Country 25	Zip 29	30 Co	untry		This corporation owes or has paid the corporation of the corporation o	\	tangible No	
	9. Name and Address of Curr	ent Registered Agent		T		10. Name and Address of New Registered	Agent		
SEBRING	JTH COMMERCE AVENUE 3 FL 33870 To the provisions of Sections 617.03	502 and 617 1508, Florida St	atules, the a	83 84	City	Figoration submite this statement for the purpose ation's board of directors. I hereby accept the ap		Code ts registered	
	m familiar with, and accept the obli	gations of, Section 617.0503	, Florida Sta	tutes	ine corpore	sticins boate of directors. Thereby accept the ap	pomunont as	registered	
	Signature, typod or printed name of registered a				nt signature requ	ulrad when reinstating) DATE			
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE		1.1 TITLE			Change	Addition Addition	
NAME	WISE, TRAVIS			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	6208 LAKESHORE ROAD								
CITY-ST-ZIP TITLE	SEBRING FL 33870 D			CITY-ST-ZIP			Change	Additio	
NAME	TERRELL, BOB M		2.2 N		}		Onlings	- roome	
STREET ADDRESS	112 HOLMES COURT		4		ADDRESS				
CITY-ST-ZIP	SEBRING FL 33872			CITY-8	1				
TITLE	D	☐ DELETE	3.1 T		·· • · · ·		Change	Additio	
NAME	STATLER, PHILLIP W		321	IAME	ĺ		- •		
10.01F	VINIELI, I HILLI II		= 3.4 "	- 4415					

5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 62 NAME

6.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-\$1-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

DELETE

DELETE

6.4 CITY-ST-ZIP 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 trystee 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, by on an attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

4101 KEARLY AVE

SEBRING FL

841:382-0037

Change

Change

Addition

Addition

FILED

Feb 18 1998 8:00am

Secretary of State