

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90107 004 \*\*\*\*61.25

**DOCUMENT # N95000001519**

1. Corporation Name

**MEN OF PROMISE, INC.**

Principal Place of Business

3200 U.S. 27 SOUTH  
SEBRING FL 33870

Mailing Address

3200 U.S. 27 SOUTH  
SEBRING FL 33870



2. Principal Place of Business

21 1119 U.S. 27 South

2a. Mailing Address

26 1119 U.S. 27 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Sebring

27

City & State

23 Sebring FL

City & State

28 Sebring FL

Zip

24 33870

Country

25 Highlands

Zip

29 33870

Country

30 Highlands

3. Date Incorporated or Qualified

03/28/1995

4. FEI Number

65-0580789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D WISE, TRAVIS  
STREET ADDRESS 6208 LAKESHORE ROAD  
CITY-ST-ZIP SEBRING FL 33870

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D TERRELL, BOB M  
STREET ADDRESS 112 HOLMES COURT  
CITY-ST-ZIP SEBRING FL 33872

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D STATLER, PHILLIP W  
STREET ADDRESS 4101 KEARLY AVE  
CITY-ST-ZIP SEBRING FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

941-382-0037

Daytime Phone #

CR2E037 (11/98)