

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90203 027 ****61.25

DOCUMENT # N95000001519

1. Entity Name
MEN OF PROMISE, INC.



Principal Place of Business
**3531 US 27 S
SEBRING, FL 33870**

Mailing Address
**3531 US 27 S
SEBRING, FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0580789

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent --

**ABLES, CLIFFORD M III
551 S COMMERCE AV
SEBRING, FL 33870**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(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. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Tom Solymos**
STREET ADDRESS **1100 U.S. 27 North**
CITY-ST-ZIP **Sebring FL 33870**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phillip W. Statler

4/26/05

863-382-0037