


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP CR2E037 (4/06)

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

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

**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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLYNTJES, TOM 1100 U.S. 27 NORTH SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRELL, BOB M 112 HOLMES COURT SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STATLER, PHILLIP W 4101 KEARLY AVE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000549696
05/13/06-80015-010 61.25

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.

SIGNATURE:  **Phillip W. Statler** 4/28/06 883-382-0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #