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May 09 1997 8:00am  
Secretary of State

ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004688 (6)

1. Corporation Name

MEN FOR SOCIAL CHANGE, INC.

Principal Place of Business

Mailing Address

RICHARDSON COMMUNITY CENTER  
LAKE CITY FL 32055

P.O. BOX 532  
LAKE CITY FL 32056-0532



59-3434448

3. Date Incorporated or Qualified  
09/29/1995

3a. Date of Last Report  
10/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 59-3434448

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

□ Yes

X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, LINARD  
RT 1 BOX 410  
LAKE CITY FL 32055-9718

81 Name

Frank Ellis

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

Rt 10 Box 435 Ace Road

83 City

Lake City

FL

85 Zip Code

32025

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

4/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE  
NAME PRESLEY, GYNELL  
STREET ADDRESS PRESLEY RD  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE DS ☐ DELETE  
NAME COPELAND, RONALD  
STREET ADDRESS 127 E BAY AVE  
CITY-ST-ZIP LAKE CITY FL 32025

TITLE DT ☐ DELETE  
NAME WEATHERSPON, ROBERT  
STREET ADDRESS RT 10 BOX 448  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE DP ☐ DELETE  
NAME FLUELLAN, THOMAS  
STREET ADDRESS RT 4 BOX 577  
CITY-ST-ZIP LAKE CITY FL 32024

TITLE DP ☒ DELETE  
NAME JOHNSON, LINARD  
STREET ADDRESS RT 1 BOX 410  
CITY-ST-ZIP LAKE CITY FL 32055-9718

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

P Frank Ellis  
Rt 10 Box 435  
Lake City, FL 32025

14. I do 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.

CR2E037 (9/96)