

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004688 (6)

1. Corporation Name

MEN FOR SOCIAL CHANGE, INC.

Principal Place of Business

RICHARDSON COMMUNITY CENTER
LAKE CITY FL 32055

Mailing Address

P.O. BOX 532
LAKE CITY FL 32056

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ELLIS, FRANK
RT 10 BOX 435 ACE ROAD
LAKE CITY FL 32025

3. Date Incorporated or Qualified

09/29/1995

4. FEI Number

59-3434448

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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

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

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

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

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

TITLE P
NAME ELLIS, FRANK
STREET ADDRESS RT 10 BOX 435
CITY-STATE-ZIP LAKE CITY FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Linard Johnson Vice Pres. ☒ Change ☐ Addition
1.2 NAME Linard Johnson
1.3 STREET ADDRESS Rt. 1, Box 410
1.4 CITY-STATE-ZIP LAKE CITY, FL 32055-9718

2.1 TITLE Secretary ☒ Change ☐ Addition
2.2 NAME Albert W. Diver Jr
2.3 STREET ADDRESS 1344 Lake Jeffrey Road
2.4 CITY-STATE-ZIP Lake City, FL 32055

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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.

SIGNATURE:

Robert L. Weatherston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 23 1998 8:00am
Secretary of State



CR2E037 (5/98)