

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N95000004688

1. Entity Name

MEN FOR SOCIAL CHANGE, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

01-27-2000 90137 006 ****61.25

Principal Place of Business RICHARDSON COMMUNITY CENTER LAKE CITY FL 32055	Mailing Address P.O. BOX 532 LAKE CITY FL 32056-0532
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3434448	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, LINARD ROUTE 1, BOX 410 LAKE CITY FL 32055
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	
SIGNATURE: <i>Linard Johnson, President</i> Signature, typed or printed name of registered agent and title if applicable	DATE: 1-21-00 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete JOHNSON, LINARD RT 1 BOX 410 LAKE CITY FL 32055-9718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete OLIVER, JR ALBERT 1344 LAKE JEFFREY ROAD LAKE CITY FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete IVES, MILLARD P.O. BOX 101 LAKE CITY FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ELLIS, FRANK RT. 10, BOX 435 LAKE CITY FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete COPELAND, RONALD 2810 WAYNE DRIVE, APT. 2 LAKE CITY FL 32055-3147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ANDERS, RICHARD 1072 JEFFERSON STREET LAKE CITY FL 32055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.	
SIGNATURE: <i>Linard Johnson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 2-28-00 DAYTIME PHONE: 904-755-8130

LINARD JOHNSON

CR2E037 (9/99)