

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004688

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, LINARD
ROUTE 1, BOX 410
LAKE CITY FL 32055

4. FEI Number

59-3434448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME P
JOHNSON, LINARD
STREET ADDRESS RT 1 BOX 410
CITY-ST-ZIP LAKE CITY FL 32055-9718

TITLE ☐ Delete

NAME T
OLIVER, JR ALBERT
STREET ADDRESS 1344 LAKE JEFFREY ROAD
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☒ Delete

NAME S
IVES, MILLARD
STREET ADDRESS P.O. BOX 101
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ Delete

NAME D
ELLIS, FRANK
STREET ADDRESS RT. 10, BOX 435
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ☐ Delete

NAME D
COPELAND, RONALD
STREET ADDRESS 2810 WAYNE DRIVE, APT. 2
CITY-ST-ZIP LAKE CITY FL 32055-3147

TITLE ☒ Delete

NAME D
ANDERS, RICHARD
STREET ADDRESS 1072 JEFFERSON STREET
CITY-ST-ZIP LAKE CITY FL 32055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME Vice-President
WILLIE B. ALLEN
STREET ADDRESS Rt. 1, Box 271
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME Parliamentarian
Glynell Presley
STREET ADDRESS P.O. Box 402 - Presley Rd.
CITY-ST-ZIP LAKE CITY, FL 32055

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:

Linard Johnson LINARD JOHNSON

4-23-01

904-755-8296

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (10/00)

0006880



DO NOT WRITE IN THIS SPACE