

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90201 043 \*\*\*\*61.25

**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**

**33030476**



☐ CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3434448</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent |  | 7. Name and Address of New Registered Agent        |  |
| <b>JOHNSON, LINARD</b>                          |  | Name   |  |
| <b>ROUTE 1, BOX 410</b>                         |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| <b>LAKE CITY FL 32055</b>                       |  | City   |  |
|   |  | <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linard Johnson* DATE *4-2-03*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retesting)

|                                 |  |                                    |  |
|---------------------------------|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|---------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOHNSON, LINARD</b>                              | NAME  |   |
| STREET ADDRESS             | <b>RT 1 BOX 410</b>                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>LAKE CITY FL 32055-9718</b>                      | CITY-ST-ZIP   |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>OLIVER, JR ALBERT</b>                            | NAME  |   |
| STREET ADDRESS             | <b>1344 LAKE JEFFREY ROAD</b>                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>LAKE CITY FL 32055</b>                           | CITY-ST-ZIP   |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ALLEN, WILLIE B</b> <i>(D) Director</i>          | NAME  |   |
| STREET ADDRESS             | <b>RT 1 BOX 271</b>                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>LAKE CITY FL 32055</b>                           | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ELLIS, FRANK</b> <i>(D) Director</i>             | NAME  |   |
| STREET ADDRESS             | <b>RT. 10, BOX 435</b>                              | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>LAKE CITY FL 32025</b>                           | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COPELAND, RONALD</b>                             | NAME  |   |
| STREET ADDRESS             | <b>RR 12 BOX 205 A2</b>                             | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>LAKE CITY FL 32025</b>                           | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PRESLEY, GLYNELL</b> <i>Director</i>             | NAME  |   |
| STREET ADDRESS             | <b>PO BOX 402 PRESLEY RD</b>                        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>LAKE CITY FL 32055</b>                           | CITY-ST-ZIP   |   |

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* **SIGNATURE REQUIRED** *4-2-03* *386-752-8447*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *Ext 3*

CR2E037 (10/02)