

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # N96000004524 (2)

1. Corporation Name

MILLION MAN ORGANIZATION OF NORTHWEST FLORIDA, I
NC.

Principal Place of Business

Mailing Address

547 BOB WHITE COURT
PENSACOLA FL 32514

547 BOB WHITE COURT
PENSACOLA FL 32514



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1996	3a. Date of Last Report
4. FEI Number 59-3852089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MCKENZIE, GERALD ESQ.
2532 NORTH 12TH AVENUE
PENSACOLA FL 32503

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

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCINTOSH, JERRY	
STREET ADDRESS	547 BOB WHITE COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLACKMON, JOHNNY W	
STREET ADDRESS	547 BOB WHITE COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RIGSBY, JOHN	
STREET ADDRESS	547 BOB WHITE COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, KEITH	
STREET ADDRESS	547 BOB WHITE COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, REGINALD	
STREET ADDRESS	547 BOB WHITE COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, JOHN S	
STREET ADDRESS	547 BOB WHITE COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James Mitchell
3.3 STREET ADDRESS	2324 Greenwell Court
3.4 CITY-ST-ZIP	Pensacola, Florida
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lemore Davis
4.3 STREET ADDRESS	1740 Knight Drive
4.4 CITY-ST-ZIP	Pensacola, Florida
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carol McIntosh
5.3 STREET ADDRESS	547 Bob White Court
5.4 CITY-ST-ZIP	Pensacola, Florida 32514
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Douglas Hudson
6.3 STREET ADDRESS	581 Rheasant Court
6.4 CITY-ST-ZIP	Pensacola, Florida 32514

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.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (4/97)