2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000912

1. Entity Name
MEN WITH VISION INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 4456 MILTON, FL 32572	POST OFFICE BOX 4456 MILTON, FL 32572

DO NOT WRITE IN THIS SPACE

04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3438969

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLS, LEON
5417 CAMILLE GARDEN CIRCLE
MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, JAMES
STREET ADDRESS	8135 JAMIE DR
CITY-ST-ZIP	MILTON, FL 32583
TITLE	P
NAME	WALLS, LEON
STREET ADDRESS	5417 CAMILLE GARDEN CIR
CITY-ST-ZIP	MILTON, FL 32571
TITLE	T
NAME	BREWTON, ALFRED
STREET ADDRESS	6033 BREKENRIDGE DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	VP
NAME	MCCLARTY, THOMAS
STREET ADDRESS	5449 CAMILLE GARDEN CIRCLE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	DANIELS, WILLIAM
STREET ADDRESS	5720 FALCON DR.
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	BREWTON, LARRY
STREET ADDRESS	6150 KATRINA DR
CITY-ST-ZIP	MILTON, FL 32570

U00000738934
05/14/07-80005-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alfred D. Brewton 4-25-07 850-626-029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #