

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000912

FILED
Apr 06, 2010
Secretary of State

Entity Name: MEN WITH VISION INC.

Current Principal Place of Business:

5417 CAMILLE GARDEN CIRCLE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4456
MILTON, FL 32572

New Mailing Address:

FEI Number: 59-3438969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLS, LEON
5417 CAMILLE GARDEN CIRCLE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WHITE, JAMES
Address: 8135 JAMIE DR
City-St-Zip: MILTON, FL 32583

Title: P
Name: WALLS, LEON
Address: 5417 CAMILLE GARDEN CIR
City-St-Zip: MILTON, FL 32571

Title: T
Name: HINDS, LEE
Address: 5368 MOUNTAIN LAUREL LN
City-St-Zip: MILTON, FL 32570

Title: VP
Name: MCCLARTY, THOMAS
Address: 5449 CAMILLE GARDEN CIRCLE
City-St-Zip: MILTON, FL 32570

Title: D
Name: DANIELS, WILLIAM
Address: 5720 FALCON DR.
City-St-Zip: MILTON, FL 32570

Title: D
Name: BREWTON, LARRY
Address: 6150 KATRINA DR
City-St-Zip: MILTON, FL 32570

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEE HINDS

T

04/06/2010

Electronic Signature of Signing Officer or Director

Date