

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000005389**

1. Corporation Name

VISIONS OF MANHOOD, INC.

Principal Place of Business

**1280 Cedar Center Dr.
Tallahassee, FL 32301**

Mailing Address

same

2. Principal Place of Business

21 **6016 Button Willow Ln.**

Suite, Apt. #, etc.

22

City & State

23 **Tallahassee, FL**

Zip

Country

24 **32310**

25 **Leon**

29

Zip

Country

29

30

9. Name and Address of Current Registered Agent

Len Worley, Ph.D.

1280 Cedar Center Dr.

Tallahassee, FL 32301

81

Name

Wanda Austin

82

Street Address (P.O. Box Number is Not Acceptable)

6016 Button Willow Ln.

83

84

City

Tallahassee

FL

85

Zip Code

32310

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

Wanda Austin

Wanda Austin, Financial Administrator 05/7/99

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE (P) ☒ DELETE

NAME **Jim Bailey**

STREET ADDRESS **1955 Lawson Rd.**

CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE (VP) ☒ DELETE

NAME **W. Robert Jones, Sr.**

STREET ADDRESS **1037 Richmond St.**

CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE (S) ☒ DELETE

NAME **Len Worley**

STREET ADDRESS **1280 Cedar Center Dr.**

CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE (T) ☒ DELETE

NAME **Joe Thomas**

STREET ADDRESS **2506 Lindsey Ct.**

CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

(P) (D) ☒ Change ☐ Addition

12 NAME

Don Ramsey

13 STREET ADDRESS

1317 So. Meridian Rd. St.

14 CITY-ST-ZIP

Tallahassee, FL 32301

21 TITLE

(VP) (D) ☒ Change ☐ Addition

22 NAME

Terry Stipal

23 STREET ADDRESS

1112 So. Magnolia St., #H-205

24 CITY-ST-ZIP

Tallahassee, FL 32301

31 TITLE

(S) (D) ☒ Change ☐ Addition

32 NAME

Max Schilling

33 STREET ADDRESS

6513 Omaha Trail

34 CITY-ST-ZIP

Tallahassee, FL 32308

41 TITLE

(T) ☒ Change ☐ Addition

42 NAME

Arthur Barnes

43 STREET ADDRESS

1524 Copperfield Cir.

44 CITY-ST-ZIP

Tallahassee, FL 32312

51 TITLE

☐ Change ☐ Addition

52 NAME

000002874660-0

53 STREET ADDRESS

-05/13/99--01115--005

54 CITY-ST-ZIP

*******61.25 *****61.25**

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 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, with all other like empowered

SIGNATURE: *Don Ramsey* **Don Ramsey, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/7/99

Date

(850)921-6312

Daytime Phone #

CR2E037 (11/98)