

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000005389

1. Entity Name
VISIONS OF MANHOOD INC.



Principal Place of Business

**2110 SOUTH ADAMS ST
SUITE E
TALLAHASSEE, FL 32301**

Mailing Address

**2110 SOUTH ADAMS ST
SUITE E
TALLAHASSEE, FL 32301**



07022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3543656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, JOE N MR.
8429 MONTE LANE
TALLAHASSEE, FL 32305**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000767453
07/10/07-80005-021 61.25**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | C |
| NAME | BILLUPS, NORMAN JR. |
| STREET ADDRESS | 1830 RODEO COURT |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 |
| TITLE | VC |
| NAME | DAWKINS, WILLIAM MR. |
| STREET ADDRESS | 2825 MUNICIPAL WAY |
| CITY-ST-ZIP | TALLAHASSEE, FL 32310 |
| TITLE | S |
| NAME | MILTON, RODERICK MR. |
| STREET ADDRESS | 1228 OCALA ROAD, APT. E-8 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32307 |
| TITLE | T |
| NAME | WADE, GLEN MR. |
| STREET ADDRESS | P.O. BOX 34 |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32326 |
| TITLE | D |
| NAME | THOMAS, JOE N MR. |
| STREET ADDRESS | 8429 MONTE LANE |
| CITY-ST-ZIP | TALLAHASSEE, FL 32305 |
| TITLE | O |
| NAME | JACOBS, ENNIS L MR. |
| STREET ADDRESS | 2901 FALLING WATERS WAY |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 |

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joe N. Thomas **Joe N. Thomas** **7-2-07** **(250) 847-0066**