

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005389

1. Entity Name
VISIONS OF MANHOOD INC.



FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business
2110 SOUTH ADAMS ST
SUITE E
TALLAHASSEE, FL 32301

Mailing Address
2110 SOUTH ADAMS ST
SUITE E
TALLAHASSEE, FL 32301



07072008 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 <input type="checkbox"/>	\$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 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000955766
07/22/08-80003-023 61.25

10. OFFICERS AND DIRECTORS

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

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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 7-16-08 850-847-0066