

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002075

**FILED**  
**Mar 03, 2019**  
**Secretary of State**  
**8451480579CC**

**Entity Name:** THE MEN ACT NOW PROGRAM, INC.

**Current Principal Place of Business:**

817 ABBIEGAIL DRIVE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O. BOX 7673  
TALLAHASSEE, FL 32314

**FEI Number: 74-3190228**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALEXANDER, KENNETH JCFO/COO  
817 ABBIEGAIL DRIVE  
TALLAHASSEE, FL 32303 US

*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

**Officer/Director Detail :**

Title CHIEF FINANCIAL OFFICER/CHIEF OPERATING OFFICER  
Name ALEXANDER, KENNETH DR.  
Address POST OFFICE BOX 7673  
City-State-Zip: TALLAHASSEE FL 32314

Title CEO  
Name JOHNSON, JERON  
Address P O BOX 7673  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name BARNES, WILLIE  
Address P.O. BOX 7673  
City-State-Zip: TALLAHASSEE FL 32314

Title CHAIRMAN  
Name MADYUN, NASHID  
Address P.O. BOX 7673  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name HAYNES, THOMAS  
Address P.O. BOX 7673  
City-State-Zip: TALLAHASSEE FL 32314

*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: KENNETH J ALEXANDER**

**CFO**

**03/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date