

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32556 (5)**

1. Corporation Name

GADSDEN CITIZENS FOR HEALTHY BABIES, INC.



Principal Place of Business

Mailing Address

C/O ROXANNE JOHNSON
215 W. JEFFERSON ST. STE B
QUINCY FL 32351
US

215 W. JEFFERSON ST.
SUITE B
QUINCY FL 32351
US

3. Date Incorporated or Qualified
05/30/1989

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3022660

Applied For
Not Applicable

5. Certificate of Status Desired **KX**

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTLES, ALMA MD
21 N LOVE ST
QUINCY FL 32351

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **P LITTLES, ALMA**
STREET ADDRESS **21 N LOVE ST**
CITY-ST-ZIP **QUINCY FL**

1.1 TITLE **D** Change Addition
1.2 NAME **Little, Alma**
1.3 STREET ADDRESS **21 N. Love Street**
1.4 CITY-ST-ZIP **Quincy, FL**

TITLE DELETE
NAME **D WYNN, JERRY**
STREET ADDRESS **RT. 10 BOX 100**
CITY-ST-ZIP **QUINCY FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **D CUMBIE, NESTA**
STREET ADDRESS **4 EAST WASHINGTON ST.**
CITY-ST-ZIP **QUINCY FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **D MCCASKILL, RICK**
STREET ADDRESS **P O BOX 389 NA**
CITY-ST-ZIP **QUINCY FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **S STEGALL, VICKIE**
STREET ADDRESS **P O BOX 1499 NA**
CITY-ST-ZIP **QUINCY FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME **P ANDERSON, MARILYN**
STREET ADDRESS **707 SMITH ST.**
CITY-ST-ZIP **QUINCY FL**

6.1 TITLE Change Addition
6.2 NAME **P Furlow, Jessie**
6.3 STREET ADDRESS **PO Box 2009 NA**
6.4 CITY-ST-ZIP **Quincy, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jessie Furlow

Chairman of the Board

2/21/96

Date

904-875-9500

Daytime Phone #

CR2E037 (12/95)