

**FILE NOW: FILING FEE IS \$61.25**

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**97 APR 30 PM 12:02**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32556 (5)**

1. Corporation Name  
**GADSDEN CITIZENS FOR HEALTHY BABIES, INC.**

Principal Place of Business <b>C/O ROXANNE JOHNSON 215 W. JEFFERSON ST. STE B QUINCY FL 32351 US</b>	Mailing Address <b>215 W. JEFFERSON ST. SUITE B QUINCY FL 32351-2356 US</b>
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3. Date Incorporated or Qualified <b>05/30/1989</b>	3a. Date of Last Report <b>03/11/1996</b>
4. FEI Number <b>59-3022660</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**LITTLES, ALMA MD  
21 N LOVE ST  
QUINCY FL 32351**

10. Name and Address of New Registered Agent

**81 Name D  
Cyneetha Strong-Smith, MD**

**82 Street Address (P.O. Box Number is Not Acceptable)  
600 LaSalle Leffall Drive**

**83**

**84 City Quincy, FL 85 Zip Code 32351**

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: *Cyneetha Strong-Smith* **March 6, 1997**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LITTLES, ALMA</b>	
STREET ADDRESS <b>21 N LOVE ST</b>	
CITY-ST-ZIP <b>QUINCY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WYNN, JERRY</b>	
STREET ADDRESS <b>RT. 10 BOX 100</b>	
CITY-ST-ZIP <b>QUINCY FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CUMBIE, NESTA</b>	
STREET ADDRESS <b>4 EAST WASHINGTON ST.</b>	
CITY-ST-ZIP <b>QUINCY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MCCASKILL, RICK</b>	
STREET ADDRESS <b>P O BOX 389 NA</b>	
CITY-ST-ZIP <b>QUINCY FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>STEGALL, VICKIE</b>	
STREET ADDRESS <b>P O BOX 1499 NA</b>	
CITY-ST-ZIP <b>QUINCY FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>FURLOW, JESSIE</b>	
STREET ADDRESS <b>P.O. BOX 2009</b>	
CITY-ST-ZIP <b>QUINCY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Strong-Smith, Cyneetha</b>	
1.3 STREET ADDRESS <b>600 LaSalle Leffall Drive</b>	
1.4 CITY-ST-ZIP <b>Quincy, Florida 32351</b>	
2.1 TITLE <b>500002167413-0</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>-05/06/97--01070--005</b>	
2.3 STREET ADDRESS <b>*****70.00 *****70.00</b>	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b><del>Brenda</del> Sunday, Brenda</b>	
3.3 STREET ADDRESS <b>4 East Washington Street</b>	
3.4 CITY-ST-ZIP <b>Quincy, Florida 32351</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Furlow, Jessie</b>	
6.3 STREET ADDRESS <b>PO Box 2009</b>	
6.4 CITY-ST-ZIP <b>Quincy, FL 32351</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Cyneetha Strong-Smith* **Chairperson of the Board March 6, 1997 875-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000100

CR2E037 (9/96)