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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 C/O ROXANNE JOHNSON 215 W. JEFFERSON ST. STE B QUINCY FL 32351 US	Mailing Address 215 W. JEFFERSON ST. SUITE B QUINCY FL 32351 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 05/30/1989	
4. FEI Number 59-3022660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STRONG-SMITH, CYNEETHA MD
600 LASALLE LEFFALL DRIVE
QUINCY FL 32351**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	STRONG-SMITH, CYNEETHA	
STREET ADDRESS	600 LASALLE LEFFALL DRIVE	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	
NAME	WYNN, JERRY	
STREET ADDRESS	RT. 10 BOX 100	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUNDAY, BRENDA	
STREET ADDRESS	4 EAST WASHINGTON STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCASKILL, RICK	
STREET ADDRESS	P O BOX 389 NA	
CITY-ST-ZIP	QUINCY FL	
TITLE	S	
NAME	STEGALL, VICKIE	
STREET ADDRESS	P O BOX 1499 NA	
CITY-ST-ZIP	QUINCY FL	
TITLE	P	
NAME	FURLOW, JESSIE	
STREET ADDRESS	P.O. BOX 2009 N/A	
CITY-ST-ZIP	QUINCY FL 32351	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D		<input checked="" type="checkbox"/> Addition
3.2 NAME	Susan Gilson		
3.3 STREET ADDRESS	6128 Pickwood Road		
3.4 CITY-ST-ZIP	Tallahassee, Florida 32308		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *C. Strong-Smith* **Cyneetha Strong-Smith** 3/6/98 (850) 875-8700

CP2E037 (10/97)