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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009403

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32556

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	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/30/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3022660
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Susan Gilson 82 Street Address (P.O. Box Number is Not Acceptable) 6128 Pickwood Road 83 84 City Tallahassee, FL 85 Zip Code 32308
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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: *Susan D. Gilson* (NOTE: Registered Agent signature required when reinstating) DATE: **2/17/1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRONG-SMITH, CYNEETHA		1.2 NAME	
STREET ADDRESS 600 LASALLE LEFFALL DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP QUINCY FL 32351		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WYNN, JERRY		2.2 NAME	
STREET ADDRESS RT. 10 BOX 100		2.3 STREET ADDRESS	
CITY-ST-ZIP QUINCY FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILSON, SUSAN		3.2 NAME	
STREET ADDRESS 6128 PICKWOOD ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEGALL, VICKIE		4.2 NAME	
STREET ADDRESS P O BOX 1499 NA		4.3 STREET ADDRESS	
CITY-ST-ZIP QUINCY FL		4.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FURLOW, JESSIE		5.2 NAME	
STREET ADDRESS P.O. BOX 2009 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP QUINCY FL 32351		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Susan D. Gilson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Susan Gilson, Chairperson of the Board**
 Date: **2/10/99** Daytime Phone: **850-875-8700**

CR2E037 (11/98)