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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N95000004391 (7)**

1. Corporation Name

GADSDEN UNITED, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 521 QUINCY FL 32353-0521	POST OFFICE BOX 521 QUINCY FL 32353-0521

3. Date Incorporated or Qualified: 09/14/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3377231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

DORIAN, MICHAEL H
ROUTE 2, BOX 62-B
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 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	T Treasures	☐ Change ☑ Addition
NAME	DORIAN, MICAEL		1.2 NAME	Patsy Ford	
STREET ADDRESS	RT 2 BOX 62-B		1.3 STREET ADDRESS	Rt 1 Box 3112-C	
CITY-ST-ZIP	QUINCY FL 32351		1.4 CITY-ST-ZIP	Havana Fl 32333	
TITLE	D	☐ DELETE	2.1 TITLE	Vice Chairman	☐ Change ☑ Addition
NAME	CROLEY, DOUG		2.2 NAME	Daniel Cox	
STREET ADDRESS	2953 ROYAL OAKS DR		2.3 STREET ADDRESS	103 Oak Ave	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	Havanna Fl 32333	
TITLE	D	☐ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	KOONCE, MARTHA		3.2 NAME	Marion Lasley	
STREET ADDRESS	P.O. BOX 54 N/A		3.3 STREET ADDRESS	151 Dante St	
CITY-ST-ZIP	MIDWAY FL 32343		3.4 CITY-ST-ZIP	Quincy Fl 32351	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HINSON, JAMES		4.2 NAME		
STREET ADDRESS	RT 1 BOX 3003		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, TONY		5.2 NAME		
STREET ADDRESS	RT 1 BOX 3162		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COX, LESLEY		6.2 NAME		
STREET ADDRESS	103 OAK AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0008217