2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State
07-01-2004 90003 004 ****61.25

DOCUMENT # N95000004391

1. Entity Name
GADSDEN UNITED, INC.

54059510

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

05062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DORIAN, MICHAEL H
145 ALLIGATOR RUN
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name MARION E. LASLEY
Street Address (P.O. Box Number is Not Acceptable)
5 DANTE COURT
City QUINCY, FL Zip Code 32351-4916

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marion E. Lasley, MARION E. LASLEY, CHAIRMAN 6/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHMN DORIAN, MIKE 145 ALLIGATOR RUN QUINCY, FL 32351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, RICHARD L 137 WAYSIDE FARM RD. HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINSON, JAMES RT 1 BOX 3003 HAVANA, FL 32333	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ARNOLD, TONY A 28852 BLUE STAR MEM. HWY HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GROW, KATHLEEN 465 JOHN YAWN PLACE HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASLEY, MARION 5 DANTE COURT QUINCY, FL 32351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN, SECRETARY & TREASURER	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE DORIAN 6/21/04 850-627-3388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #