

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 667449

1. Entity Name
GADASA CORPORATION



Principal Place of Business
**3957 VISTULA DRIVE
CHIPLEY, FL 32428**

Mailing Address
**P.O. BOX 477
CHIPLEY, FL 32428**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2000867

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENE, TERAH A.
3957 VISTULA DRIVE
CHIPLEY, FL 32428**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GREENE, JONATHAN M.
STREET ADDRESS	1605 SYDNEY LANE
CITY - ST - ZIP	LYNN HAVEN, FL 32444
TITLE	PD
NAME	GREENE, TERAH A.
STREET ADDRESS	3957 VISTULA DRIVE
CITY - ST - ZIP	CHIPLEY, FL 32428
TITLE	T
NAME	GREENE, WESLEY A.
STREET ADDRESS	1513 ARKANSAS AVE
CITY - ST - ZIP	LYNN HAVEN, FL 32444
TITLE	S
NAME	SMELCER, GREEN, NATLIE C
STREET ADDRESS	1668 SUNNY HILL BLVD
CITY - ST - ZIP	CHIPLEY, FL 32428

1100000378925
01/10/06-80001-012 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: *Terah A. Greene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/6/06

Daytime Phone # _____