

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:32

DOCUMENT # 706300

(1)

1. Corporation Name

GADSDEN HOME, INC.

Principal Place of Business

Mailing Address

% DAVID R FINELLI  
1621 EXPERIMENT STATION RD  
QUINCY FL 32351

% DAVID R FINELLI  
1621 EXPERIMENT STATION RD  
QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1963

3a. Date of Last Report

03/03/1994

4. FEI Number

59-6173178

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINELLI, DAVID R, N H A  
1621 EXPERIMENT STATION RD  
QUINCY FL 32351

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |
|-----------------|-----------------------|
| TITLE           | PD                    |
| NAME            | COFFEL, CLYDE         |
| STREET ADDRESS  | 550 N. JACKSON ST.    |
| CITY - ST - ZIP | QUINCY, FL 00000      |
| TITLE           | VD                    |
| NAME            | BATES, M B            |
| STREET ADDRESS  | 13 N MADISON          |
| CITY - ST - ZIP | QUINCY, FL 00000      |
| TITLE           | TD                    |
| NAME            | WOODBERRY, JOE P      |
| STREET ADDRESS  | 321 W. WASHINGTON ST. |
| CITY - ST - ZIP | QUINCY, FL 00000      |
| TITLE           | D                     |
| NAME            | AUMAN, J. R. MS.      |
| STREET ADDRESS  | P.O. BOX 648 N/A      |
| CITY - ST - ZIP | QUINCY, FL 00000      |
| TITLE           | SD                    |
| NAME            | BAKER, SLOAN MR       |
| STREET ADDRESS  | 920 W. KING STREET    |
| CITY - ST - ZIP | QUINCY, FL 00000      |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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:

*Clyde S. Coffel*

Clyde S. Coffel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

2

BOARD OF DIRECTORS CONTINUED---GADSDEN HOME, INC.

D

Rev. J. U. Guerry  
206 N. Madison St.  
Quincy, FL 32351

D

Rev. Eric Holleyman  
c/o First Baptist Church  
W. Washington St.  
Quincy, FL 32351

D

Mrs. P. H. Higdon "N/A"  
P. O. Box 980  
Quincy, FL 32353

D

Fount H. May  
219 N. Jackson St.  
Quincy, FL 32351

D

Mrs. Sam H. Solomon, Jr.  
118 N. Calhoun St.  
Quincy, FL 32351

D

Rev. Terry Dyer  
313 N. Adams  
Quincy, FL 32351

D

Mr. Fennell May "N/A"  
P. O. Box 202-  
Quincy, FL 32353

D.

Rev. Ken Roach  
10 W. King St.  
Quincy, FL 32351

D

Gladys Holley  
1621 Experiment Station Rd.  
Quincy, FL 32351