

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **706300** (1)
1. Corporation Name
GADSDEN HOME, INC.

| | |
|--|--|
| Principal Place of Business % DAVID R FINELLI 1621 EXPERIMENT STATION RD QUINCY FL 32351 | Mailing Address % DAVID R FINELLI 1621 EXPERIMENT STATION RD QUINCY FL 32351 |
|--|--|



| | | | | | | | | |
|---|--|----------------------|--|---|---|--|--|---|
| 2. Principal Place of Business 21 1621 Martin Luther King, Jr. Blvd. Suite, Apt. #, etc. 22 City & State 23 Quincy, Florida Zip 24 32351 | 2a. Mailing Address 26 1621 Martin Luther King, Jr. Blvd. Suite, Apt. #, etc. 27 City & State 28 Quincy, Florida Zip 29 32351 | Country 30 | 3. Date Incorporated or Qualified 10/18/1963 | 4. FEI Number 59-6173178 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|----------------------|--|---|---|--|--|---|

| | |
|--|--|
| 9. Name and Address of Current Registered Agent FINELLI, DAVID R, N H A 1621 EXPERIMENT STATION RD QUINCY FL 32351 | 10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 1621 Martin Luther King, Jr., Blvd. 83 84 City Quincy FL 85 Zip Code 32351 |
|--|--|

11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAY, FENNELL P O BOX 202 N/A QUINCY, FL 00000 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FOUNT, MAY 219 N JACKSON ST QUINCY FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BATES, M B 13 N MADISON ST QUINCY, FL 00000 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AUMAN, J. R. MS. P.O. BOX 648 N/A QUINCY, FL 00000 <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BAKER, SLOAN MR 920 W. KING STREET QUINCY, FL 00000 <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: _____ Administrator 4-2-98 (850) 627-9276

CR2E037 (1097)

Board of Director---Continued--Gadsden Home, Inc.

D
REV..RICHARD ALBURY
206 N. MADISON STREET
QUINCY, FLORIDA 32351

D
MR. GRINELLE E. BISHOP
P.O. BOX 586 N/A
QUINCY, FLA. 32353

D
MRS.VIRGINIA DODSON
RT. 2 BOX 189-D
QUINCY, FLA. 32353

D
MRS. SAM H SOLOMAN JR.
P.O. BOX 1449
QUINCY, FL. 32353

D
REV. TERRY R. DYER
P.O. BOX 627
QUINCY, FLA. 32353

D
MR. KEN MARTIN
924 MYRTLE AVE.
QUINCY, FLORIDA 32351