

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 706300

1. Entity Name
GADSDEN HOME, INC.



Principal Place of Business
**1621 MARTIN LUTHER KING, JR BLVD
QUINCY, FL 32351 US**

Mailing Address
**P.O. BOX 109
QUINCY, FL 32353 US**



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6173178

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FINELLI, DAVID R, N H A
1621 MARTIN LUTHER KING, JR BLVD
QUINCY, FL 32351**

**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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAY, FOUNT
STREET ADDRESS	219 NORHT JACKSON STREET
CITY-ST-ZIP	QUINCY, FL 32351

TITLE	VD
NAME	FOUNT, MAY
STREET ADDRESS	219 N JACKSON ST
CITY-ST-ZIP	QUINCY, FL

TITLE	D
NAME	AUMAN, JIMMY
STREET ADDRESS	219 N. DUVAL STREET
CITY-ST-ZIP	QUINCY, FL 32351

TITLE	SD
NAME	MARTIN, KEN
STREET ADDRESS	924 MYRTLE AVENUE
CITY-ST-ZIP	QUINCY, FL 32351

TITLE	VP
NAME	MUNROE, ANN
STREET ADDRESS	320 NORTH LOVE STREET
CITY-ST-ZIP	QUINCY, FL 32351

TITLE	T
NAME	SUBER, JOHN
STREET ADDRESS	517 HIGHLAND AVENUE
CITY-ST-ZIP	QUINCY, FL 32351

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 1/11/05 250-627-9898