

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725422

FILED
Jan 05, 2007
Secretary of State

Entity Name: GADSDEN ASSOCIATION REHABILITATION CENTER, INC.

Current Principal Place of Business:

1633A HIGH BRIDGE ROAD
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

1633A HIGH BRIDGE ROAD
QUINCY, FL 32351 US

New Mailing Address:

FEI Number: 23-7437145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLACK, GERALDINE
1782 SHADY REST ROAD
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ASD () Delete
Name: THOMAS, SHIRLEAN
Address: ROUTE 4, BOX 662 (P.O. BOX 21, 32353)
City-St-Zip: QUINCY, FL 32351 US

Title: ED () Delete
Name: COLEY, MARTHA
Address: 617 MAIN STREET
City-St-Zip: CHATACHOOCHIEE, FL 32324 US

Title: T () Delete
Name: SMITH, MRYTICE,
Address: 1273 MAX HERRIN ROAD
City-St-Zip: CHATTAHOOCHEE, FL 32312 US

Title: PD () Delete
Name: BLACK, GERALDINE,
Address: 1782 SHADY REST ROAD
City-St-Zip: HAVANA, FL 32333 US

Title: VP () Delete
Name: CORDER, JIM
Address: 104 GREENWOOD DRIVE
City-St-Zip: QUINCY, FL 32351 US

Title: BM () Delete
Name: HUGES, JAMES E
Address: 121 E JEFFERSON STREET
City-St-Zip: QUINCY, FL 32351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA COLEY

ED

01/05/2007

Electronic Signature of Signing Officer or Director

Date