2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 725422

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:	CHATACHOOCHEE, 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
Name:	
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 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 01/14/2009
Electronic Signature of Signing Officer or Director — Date