FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 13 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **729899** **(5)**

1. Corporation Name
GADSDEN COUNTY SENIOR CITIZENS COUNCIL, INC.

Principal Place of Business	Mailing Address
ROUTE 6 BOX 620 LEFFALL DR QUINCY FL 32351 US	ROUTE 6 BOX 620 LEFFALL DR QUINCY FL 32351 US

3. Date Incorporated or Qualified: 06/10/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1539644 ☐ 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 ROUTE 6, BOX 620	26 RTE. 6 BOX 620 LEFFALL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 QUINCY, FLORIDA	28 QUINCY, FLORIDA
24 Zip: 32351	29 Zip: 32351
25 Country: GADSDEN	30 Country: GADSDEN

9. Name and Address of Current Registered Agent

HOOD, (RICHARD L.)
24 N. ADAMS STREET
QUINCY FL 32351

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, WILLIE R	12 NAME	
STREET ADDRESS	745 ERIE ST	13 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CLAK, SHIRLEY	22 NAME	
STREET ADDRESS	2140 W JEFFERSON ST	23 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	SMITH, ANNIE M.	32 NAME	SD DORA GEANNE GUNN
STREET ADDRESS	505 3RD STREET	33 STREET ADDRESS	POST OFFICE BOX 1314 N/A
CITY-ST-ZIP	QUINCY FL	34 CITY-ST-ZIP	QUINCY, FLORIDA 32351
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, ETHELYN	42 NAME	
STREET ADDRESS	RT 6 BOX 268C	43 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	2/14/95 MS

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 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: Willie Ruth Williams 01-24-95 904-627-9758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #