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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 729899 (5)
1. Corporation Name
GADSDEN COUNTY SENIOR CITIZENS COUNCIL, INC.

Principal Place of Business

Mailing Address

RT.6 BOX 620 LEFFALL
QUINCY FL 32351
USRT.6 BOX 620 LEFFALL
QUINCY FL 32351-8284
US3. Date Incorporated or Qualified
06/10/19743a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Route 6, Box 620
Suite, Apt. #, etc.26 Route 6 Box 620 Leffall
Suite, Apt. #, etc.4. FEI Number
59-1539644Applied For
Not Applicable

22 City & State

27 City & State

23 Quincy, Florida

28 Quincy, Florida

24 Zip

Country

29 Zip

Country

24 32351

25 Gadsden

29 32351

30 Gadsden

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLIAMS, WILLIE R
STREET ADDRESS 745 ERIE ST
CITY-ST-ZIP QUINCY FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME HINSON, BETTY L.
STREET ADDRESS RT 6, BOX 219
CITY-ST-ZIP QUINCY FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD
NAME GUNN, DORA GEANNE
STREET ADDRESS P.O. BOX 1314 N/A
CITY-ST-ZIP QUINCY FL 323513.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD
NAME CUNNINGHAM, ETHELYN
STREET ADDRESS RT 6 BOX 268C
CITY-ST-ZIP QUINCY FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Willie R. Williams

02/14/97

(904) 627-9758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Time Phone Facsimile

CR2E037 (9/96)