

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729899

1. Entity Name

GADSDEN COUNTY SENIOR CITIZENS COUNCIL, INC.

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90203 025 ****69.75

Principal Place of Business

Mailing Address

RT.6 BOX 620 LEFFALL
QUINCY FL 32351
US

RT.6 BOX 620 LEFFALL
QUINCY FL 32351
US

2. Principal Place of Business

3. Mailing Address

79 LASALLE LEFFALL OR 79 LASALLE LEFFALL OR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

QUINCY, FL

QUINCY, FL

Zip

Country

Zip

Country

32351

GADSDEN

32351

GADSDEN

4. FEI Number

59-1539644

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUNN, DORA JEANNE	
STREET ADDRESS	P.O. BOX 1314	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREWINGTON, MARY	
STREET ADDRESS	1119 MARTIN LUTHER KING BLVD	
CITY-ST-ZIP	QUINCY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RHOWE, GALDYS	
STREET ADDRESS	ROUTE 5 BOX 108	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, ETHELYN	
STREET ADDRESS	RT 6 BOX 268C	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

Daytime Phone #

CR2E037 (9/01)