

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90182 026 ****61.25

DOCUMENT # N01000007314

1. Entity Name
GADSDEN COUNTY R.E.E.A.C.H. INC.



Principal Place of Business
508 N MADISON STREET
QUINCY, FL 32351

Mailing Address
508 N MADISON STREET
QUINCY, FL 32351



03082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0378721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEE, NANCY
508 N MADISON STREET
QUINCY, FL 32351

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nancy Gee

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

(NOTE: Registered Agent signature required when reinstating)

4/14/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEE, NANCY 508 N MADISON ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURGESS, ANGELA 23911 BLUE STAR MEM. HWY QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINCH, SOKOYA 400 GAITHER DRIVE TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Nancy Gee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

DATE

850-627-8887

Daytime Phone #