


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002507	
1. Entity Name COMMUNITIES IN SCHOOLS OF GADSDEN COUNTY, INC.	

Principal Place of Business 35 MLK BOULEVARD QUINCY, FL 32351	Mailing Address 35 MLK BOULEVARD QUINCY, FL 32351
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01072006 No Chg-NP CRZE037 (11/05)

4. FEI Number 30-0093248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILTON, ROGER P 35 MLK BOULEVARD QUINCY, FL 32351

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GAINOUS-GOLDWIRE, LATREDA 4425 HOSFORD HIGHWAY QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS-POTTER, AUDREY HIGHWAY 159 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/01/06-80034-016 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Roger P. Milton* **ROGER P. MILTON** 1/9/06 627-9651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #