



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004037 1. Entity Name GADSDEN COMMUNITY HEALTH COUNCIL INC						FILED 2005 JUL -8 PM 2:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 17 EAST JEFFERSON ST. QUINCY, FL 32353				Mailing Address 17 EAST JEFFERSON ST. QUINCY, FL 32353			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MARTINEZ, MAXIMO 17 EAST JEFFERSON ST. QUINCY, FL 32353				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>							
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WYNN, JERRY DR. 278 LASALLE LEFFAL DRIVE QUINCY, FL 32351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson Sherry VanLandingham 870 Telogia Creek Rd Quincy, FL 32351			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FURLOW, JESSIE MD 278 LASALLE LEFFAL DRIVE QUINCY, FL 32351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairperson Alma Jones 1917 Willow Run Drive Tallahassee, FL 32351			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, ALMA P.O. BOX 1979 QUINCY, FL 32353	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria Pouncey 192 Deer Ridge Trail Tallahassee, FL 32351			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MARTINEZ, MAXIMO 17 EAST JEFFERSON ST QUINCY, FL 32353	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anthony Feldt 306 Piney Grove Tallahassee, FL 32311			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Maximo Martinez 3909 Reserve Drive Tallahassee, FL 32311			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE 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: <i>Maximo Martinez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>7/8/05</i> <small>Daytime Phone #</small>			

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