2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANAPTINEZ. MAXIMO 8. Received and Address of Business Subs, Apt. 4. etc. 1. Mailing Address Subs, Apt. 4. etc. 1. Mailing	1. Entity Name GADSDEN COMMUNITY HEALTH COUNCIL INC							Topo Coul		
Principal Place of Business Sample	CAROLINO COMMONTAL FILALITA COCINOLEMAC					21	005 JUL -8	8 PM 2:50		
2. Principal Pates of Business 3. Mailing Address Safe, Apt. 6. atc. Os162005 Chg. NP CR2E037 (10/03) City & State City & State A. FFINamber A. FFINAMBE					····					
Sulla, Apl. 4. etc. Appl. Country 2p Country 2p Country 2p Country 5. Conflicte of Sultano Basinad 58.75 Accitionad Fig. Regulator Fig. Regulator Appl. 5. Conflicte of Sultano Basinad Fig. Regulator Fig. Regulator Fig. Regulator NATETINEZ. MAXIMO Name 17 EAST JEFFERSON ST. QUINCY, FL 325S3 Street Address (P.O. Box Number is NN Accoptable) City FILL 7p Code 8. The above armed cirtily submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am furnitur with, and accept the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am an officer of decision of the oblegations of registered agent, or both, in the Sulta of Fiorida. 1 am an officer of decision of the registered agent, or both in the Sulta of Fiorida Sulta or Both in the Sulta of Fiorida Sulta or Both in the Sulta or Bot						TĂ	LLAHASS	Y OF STATE SEE, FLORIDA		
City & State City & State City & State City & State A. EPIN, Number 74-312/1812 National Fee Registered City National Fee Registered City National Fee Registered Agent Nat	Principal Place of Business 3. Mailing Address									
TA-3121812 Nat Applicable St. TA-3121812 St. TA-3	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05162005 Ch	g-NP (CR2E037 (10/03)		
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, MAXIMO 17 EAST JEFFERSON ST. 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 Portide. I am familiar with, and accept the obligations of registered agent. SIGNATURE: ### Filling Fee is \$61.25 Due by September 7, 2005 ### Constitution OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/C-MARGES TO OFFICERS AND DIRECTORS 10. ### Constitution OFFICERS AND DIRECTORS 10.	City & State		City & State			4. FEI Number 74-3121812	2			
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CITY-ST-ZIP 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 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:	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WYNN, JERRY DR. 278 LASALLE LEFFAL DRI QUINCY, FL 32351 CD FURLOW, JESSIE MD 278 LASALLE LEFFAL DRI QUINCY, FL 32351 S JONES, ALMA P.O.BOX 1979 QUINCY, FL 32353 ED MARTINEZ, MAXIMO 17 EAST JEFFERSON ST	VE Delete Delete Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Choishes 870 Quint Vice Alm 1917 Talling See And Trail Tree And Trail Trail Tree And Talling See And Talling See And Tree And Talling See Talling See And Tall	irperson rry Vanhandi Telogia Cre new, FL 323 - Chairperso a Jones Willow Ru schasser, FL retary ria Pownery Deer Ridge lahasser, Fl asurer nony Felld Piney Grove ahasser, FL	ingham ek Rd sil in Drive 3235/ e Trail L 3235/	Tel Change Tel Change	Addition Addition Addition	
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:	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE	CD WYNN, JERRY DR. 278 LASALLE LEFFAL DRI QUINCY, FL 32351 CD FURLOW, JESSIE MD 278 LASALLE LEFFAL DRI QUINCY, FL 32351 S JONES, ALMA P.O.BOX 1979 QUINCY, FL 32353 ED MARTINEZ, MAXIMO 17 EAST JEFFERSON ST	VE Delete Delete Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	Choishes 870 Quint Vice Alm 1917 Talli See Mars 192 Tall Tre Ant 300 Talli Free Mars	irperson vry VanLandi Telogia Cre new, FL 323 - Chairperso a Jones Willow Ru schasser, FL retary ria Pownery Deer Ridge lahassee, Fl asurer anny Fello Piney Grove ahassee, FL	ek Rd st in Drive 3235/ e Trail 1 3235/	Tel Change Tel Change	Addition Addition Addition	
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SIGNATURE: Martine Martine, 7/8/05	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WYNN, JERRY DR. 278 LASALLE LEFFAL DRI QUINCY, FL 32351 CD FURLOW, JESSIE MD 278 LASALLE LEFFAL DRI QUINCY, FL 32351 S JONES, ALMA P.O.BOX 1979 QUINCY, FL 32353 ED MARTINEZ, MAXIMO 17 EAST JEFFERSON ST QUINCY, FL 32353	VE Delete Delete Delete Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Choishes 870 Quin Vice Alm 1917 Talli See Mars 192 Tall Tree Anti Sylva Talli Execus 3909 Talli S	irperson rry Vanhandi Telogia Cre new, FL 323 - Chairperso a Jones Willow Ru schasser, FL retary -ia Pownery Deer Ridge lahassee, Fl asurer and Freete into Martines Reserve Dr ahassee, FL 107/12/1	Ingham ek Rd 51 in an Drive 32351 2 Trail 2 32351 2 32311 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Change Change Change Change	Addition Addition Addition Addition Addition	
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