

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004037

1. Entity Name  
GADSDEN COMMUNITY HEALTH COUNCIL INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 10 PM 1:29

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
74-3121812

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MARTINEZ, MAXIMO  
17 EAST JEFFERSON ST.  
QUINCY, FL 32353

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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  
VANLANDINGHAM, SHERRY  
870 TELOGIA CREEK RD  
QUINCY, FL 32351 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VC  
JONES, ALMA  
1917 WILLOW RUN DR  
TALLAHASSEE, FL 32351 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition  
900077657629  
07/18/06--01024--024 \*\*\$1.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
POUNCEY, MARIA  
192 DEER RIDGE TRAIL  
TALLAHASSEE, FL 32351 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
FEDD, ANTHONY  
366 PINEY GROVE  
TALLAHASSEE, FL 32311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TVC ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ED  
MARTINEZ, MAXIMO  
3909 RESERVE DRIVE  
TALLAHASSEE, FL 32311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/06

Date

(850) 558-3628

Daytime Phone #