

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004037

FILED
Aug 02, 2007
Secretary of State

Entity Name: GADSDEN COMMUNITY HEALTH COUNCIL INC

Current Principal Place of Business:

17 EAST JEFFERSON ST.
QUINCY, FL 32353

New Principal Place of Business:

Current Mailing Address:

17 EAST JEFFERSON ST.
QUINCY, FL 32353

New Mailing Address:

FEI Number: 74-3121812 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: VANLANDINGHAM, SHERRY
Address: 870 TELOGIA CREEK RD
City-St-Zip: QUINCY, FL 32351

Title: S () Delete
Name: POUNCEY, MARIA
Address: 192 DEER RIDGE TRAIL
City-St-Zip: TALLAHASSEE, FL 32351

Title: TVC () Delete
Name: FEDD, ANTHONY
Address: 366 PINEY GROVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: ED () Delete
Name: MARTINEZ, MAXIMO
Address: 3909 RESERVE DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY FEDD

TVC

08/02/2007

Electronic Signature of Signing Officer or Director

Date