


**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90041 033 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N04000006500</b> 1. Entity Name <b>WEST GADSDEN HISTORICAL SOCIETY, INC</b>		
Principal Place of Business <b>474 TELOGIA CREEK RD.          QUINCY, FL 32351-8701</b>		Mailing Address <b>474 TELOGIA CREEK RD.          QUINCY, FL 32351-8701</b>
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country	4. FEI Number <b>201294840</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>POUCHER, LYNNE L          474 TELOGIA CREEK RD.          QUINCY, FL 32351-8701</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.		FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>Filing Fee is \$61.25          Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to          Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, WILLIAM K P. O. OX 226 GREENSBORO, FL 32330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POUCHER, LYNNE L P. O. BOX D GREENSBORO, FL 32330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE, PATRICIA F P. O. BOX 550 GREENSBORO, FL 32330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Lynne L. Poucher</i> <b>Lynne L. Poucher</b>		Date: <b>1/11/05</b> 850 442 6434
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>

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01112005 Chg-NP CR2E037 (10/03)