

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90051 043 \*\*\*\*61.25

DOCUMENT # N04000006500  
 1. Entity Name  
 WEST GADSDEN HISTORICAL SOCIETY, INC



Principal Place of Business  
~~474 TELOGIA CREEK RD.~~  
~~QUINCY, FL 32351-8701~~

Mailing Address  
~~474 TELOGIA CREEK RD.~~  
~~QUINCY, FL 32351-8701~~



2. Principal Place of Business  
**328 E. 8<sup>th</sup> St**

3. Mailing Address  
**P.O. Box D**

Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State  
**Greensboro FL**

City & State  
**Greensboro FL**

Zip  
**32330**

Country  
**US**

Zip  
**32330 0803**

Country  
**US**

4. FEI Number  
 20-1294890

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POUCHER, LYNNE L  
 474 TELOGIA CREEK RD.  
 QUINCY, FL 32351-8701

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25**  
**Due by May 1, 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	
TITLE <b>X VPD</b>	<input type="checkbox"/> Delete
NAME PITTS, WILLIAM K	
STREET ADDRESS P. O. OX 226	
CITY-ST-ZIP GREENSBORO, FL 32330	
TITLE <b>X PD</b>	<input type="checkbox"/> Delete
NAME POUCHER, LYNNE L	
STREET ADDRESS P. O. BOX D	
CITY-ST-ZIP GREENSBORO, FL 32330	
TITLE <b>X VPD</b>	<input type="checkbox"/> Delete
NAME VICE, PATRICIA F	
STREET ADDRESS P. O. BOX 550	
CITY-ST-ZIP GREENSBORO, FL 32330	
TITLE <b>Linda C. Smith SD</b>	<input type="checkbox"/> Delete
NAME <b>Linda C. Smith</b>	
STREET ADDRESS <b>52 Dogtown Rd.</b>	
CITY-ST-ZIP <b>Quincy FL 32352-6653</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>[Signature]</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>John W. B. Canetta D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>John W. B. Canetta</b>	
STREET ADDRESS <b>1329 Avondale Way</b>	
CITY-ST-ZIP <b>Tallahassee, FL 32317-7410</b>	
TITLE <b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Rosalyn F. Fenn</b>	
STREET ADDRESS <b>P.O. Box 323</b>	
CITY-ST-ZIP <b>Greensboro FL 32330-0323</b>	
TITLE <b>Ellen S. Clark D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Ellen S. Clark</b>	
STREET ADDRESS <b>668 Smithtown Rd.</b>	
CITY-ST-ZIP <b>Chattahoochee, FL 32324-2983</b>	
TITLE <b>Angela O.B. Cassidy</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Angela O.B. Cassidy</b>	
STREET ADDRESS <b>1806 Sunset Lane</b>	
CITY-ST-ZIP <b>Tallahassee, FL 32304</b>	
TITLE <b>J. Russell Smith D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>J. Russell Smith</b>	
STREET ADDRESS <b>3216 Flat Creek Rd.</b>	
CITY-ST-ZIP <b>Chattahoochee, FL 32324-3504</b>	
TITLE <b>Isaac Simmons, Jr. D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Isaac Simmons, Jr.</b>	
STREET ADDRESS <b>24 Angle St.</b>	
CITY-ST-ZIP <b>Chattahoochee, FL 32324-1902</b>	

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: Lynne L. Poucher 1/16/06 (850)442-6434  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #