


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90023 027 ****61.25

DOCUMENT # N04000006500 1. Entity Name WEST GADSDEN HISTORICAL SOCIETY, INC					
Principal Place of Business 328 E 8TH ST GREENSBORO, FL 32330			Mailing Address POB D GREENSBORO, FL 32330-0803		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1294890	
5. Certificate of Status Desired <input type="checkbox"/>				\$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		
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.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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-STATE-ZIP	VPD PITTS, WILLIAM K P. O. BOX 226 GREENSBORO, FL 32330	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Patricia J. Pitts D P.O. Box 226 Greensboro, FL 32330-0226
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD POUCHER, LYNNE L P. O. BOX D GREENSBORO, FL 32330-0803	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD VICE, PATRICIA F P. O. BOX 550 GREENSBORO, FL 32330-0550	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD SMITH, LINDA C 52 DOGTOWN RD QUINCY, FL 323526653	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SMITH, J. RUSSELL 3216 FLAT CK RD CHATTAHOOCHEE, FL 323243504	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SIMMONS, ISAAC JR 24 ANGLE ST CHATTAHOOCHEE, FL 323241902	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	John W. B. Canetta D 1329 Avondale Way Tallahassee, FL 32317-7410		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Rosalyn F. Fenn TD P.O. Box 323 Greensboro, FL 32330-0323		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Ellen S. Clark D 686 Smithtown Rd. Chattahoochee, FL 32324-2983		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Shari R. Arrington D 106 NE 6th St. Havana, FL 32333-1718		
<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Lynne L. Poucher</u> Pres.			Date: <u>2/11/08</u>		Daytime Phone #: <u>850-442-6434</u>