
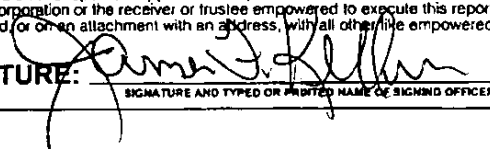


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

05-07-2007 90071 028 ****61.25

DOCUMENT # N05000004770 1. Entity Name GADSDEN SENIOR SERVICES, INCORPORATED					
Principal Place of Business 79 LASALLE LEFFALL DR. QUINCY, FL 32351			Mailing Address P. O. BOX 468 QUINCY, FL 32353		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2779901	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREBS, BOBBIE G 79 LASALLE LEFFALL DR. QUINCY, FL 32353			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	MR	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, WILLIE		NAME	MR KELLUM, JIM	
STREET ADDRESS	26 SHAW LN		STREET ADDRESS	104 MAIN ST	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	HAVANA, FL 32351	
TITLE	MRS	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGILL, SHIRLEY		NAME	TENNELL, PATRICIA	
STREET ADDRESS	512 CONYERS ST		STREET ADDRESS	722 W. KING ST	
CITY-ST-ZIP	HAVANA, FL 32333		CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	MRS	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VACTOR, MARJORIE		NAME	MR JACKSON, CLARENCE M. II	
STREET ADDRESS	384 WILLIAMS RD		STREET ADDRESS	P.O. Box 213	
CITY-ST-ZIP	MIDWAY, FL 32343		CITY-ST-ZIP	GRETNA, FL 32332	
TITLE	MS	<input checked="" type="checkbox"/> Delete	TITLE	MRS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, EVERLENA		NAME	FEAVER, MARILYN	
STREET ADDRESS	506 S MAIN ST		STREET ADDRESS	115 BYRD ROAD	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	MRS	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	STRAUGH, MURILL		NAME		
STREET ADDRESS	521 ROSEWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	MRS	<input type="checkbox"/> Delete	TITLE		
NAME	BATTLES, ARRIE		NAME		
STREET ADDRESS	919 HARDIN ST		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
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: 			5/30/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					