

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004770 1. Entity Name GADSDEN SENIOR SERVICES, INCORPORATED						FILED 08 APR -3 AM 6:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA 02-29-08 01015 014 8 35-00 01112008 Chg-NP CR2E037 (12/06)	
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		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KREBS, BOBBIE 79 LASALLE LEFFALL DR. QUINCY, FL 32353				7. Name and Address of New Registered Agent Name Demous, Laverne Street Address (P.O. Box Number is Not Acceptable) 19 Lasalle Leffall Drive City Quincy FL Zip Code 32353			
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 <i>Laverne Demous</i> (NOTE: Registered Agent signature required when registering) DATE 04/07/08 <div style="text-align: right;"> 700122482517 04/07/08--01035--018 **26.25 </div>							
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-ST-ZIP	MR SCOTT, WILLIE 26 SHAW LN QUINCY, FL 32351 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dupont, Sterling 120 N. Key Street Quincy, FL 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMR KEITH, JIM Jackson 104 MAIN ST HAWANA, FL 32354 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chapman, Charles 916 W. King Street Quincy, Florida 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS VACTOR, MARJORIE 384 WILLIAMS RD MIDWAY, FL 32343 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kemp, Berta 129 Tyre Road Havana, Florida 32333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDR TENNEL, PATRICIA 722 W. KING ST QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	William, Robert 509 Torreya Rd Chattahoochee, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMR JACKSON, CLARENCE M II P.O. BOX 213 GREYNA, FL 32332 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mann, Charles 2353 Ironbridge Road Havana, FL 32333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS BATTLES, ARRIE 919 HARDIN ST QUINCY, FL 32351 <input type="checkbox"/> Delete			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 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: <i>Laverne Demous, ED</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/27/08		Daytime Phone # 627-9758	