2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N15163

Entity Name: GADSDEN HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

304 WEST KING ST.
P.O. BOX 143
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

7
P.O. BOX 143
QUINCY, FL 32353 US

New Mailing Address:

FEI Number: 59-2765767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODWARD, MARTHA L
2812 PT. MILLIGAN ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FIXEL, ARTHUR R.,
Address: 318 E. KING STREET
City-St-Zip: QUINCY, FL

Title: P ( ) Delete
Name: WOODWARD, HELEN,
Address: 1011 DOGWOOD DR
City-St-Zip: QUINCY, FL

Title: SD ( ) Delete
Name: MAHAFFEY, SUSANNE
Address: P.O. BOX 1658 N/A
City-St-Zip: QUINCY, FL

Title: T ( ) Delete
Name: WOODWARD, MARTHA L
Address: 2812 PT. MILLGAN RD.
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA L WOODWARD T 05/04/2006

Electronic Signature of Signing Officer or Director — Date