

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90036 024 \*\*\*\*61.25

<b>DOCUMENT # N15163</b> 1. Entity Name <b>GADSDEN HISTORICAL SOCIETY, INC.</b>					
Principal Place of Business <b>304 WEST KING ST. P.O. BOX 143 QUINCY, FL 32351</b>			Mailing Address <b>7 P.O. BOX 143 QUINCY, FL 32353 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 			
4. FEI Number <b>59-2765767</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WOODWARD, MARTHA L 2812 PT. MILLIGAN ROAD QUINCY, FL 32351</b>			7. Name and Address of New Registered Agent Name: <b>David A. Gardner</b> Street Address (P.O. Box Number is Not Acceptable): <b>208 N. Adams Street</b> City: <b>Quincy</b> FL Zip Code: <b>32351</b>		
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: <b>David A. Gardner</b> DATE: <b>4-23-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIXEL, ARTHUR R.</b> <b>318 E. KING STREET</b> <b>QUINCY, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> <b>David A. Gardner</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOODWARD, HELEN</b> <b>1011 DOGWOOD DR</b> <b>QUINCY, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>David A. Gardner</b> <b>208 North Adams Street</b> <b>Quincy, Florida 32351</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MAHAFFEY, SUSANNE</b> <b>P.O. BOX 1658 N/A</b> <b>QUINCY, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WOODWARD, MARTHA L</b> <b>2812 PT. MILLIGAN RD.</b> <b>QUINCY, FL 32351</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Edward W. Hinson</b> <b>331 N. 14th Street</b> <b>Quincy, Florida 32351</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Gia Howell</b> <b>208 N. Adams Street</b> <b>Quincy, Florida 32351</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<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: <b>David A. Gardner</b>			Date: <b>4/19/07</b> Daytime Phone #: <b>339-9005</b>		