

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 27 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N22644 (1)**

1. Corporation Name

**GADSDEN COUNTY MEN OF ACTION, INC.**



Principal Place of Business

Mailing Address

**P.O. BOX 124  
QUINCY FL 32351**

**P.O. BOX 124  
QUINCY FL 32351**

3. Date Incorporated or Qualified

**09/23/1987**

3a. Date of Last Report

**08/09/1995**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WASHINGTON, DONNIE  
213 CROFTON STREET  
QUINCY FL 32351**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Donnie Washington*

**TREASURER**

**3-20-96**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **JAMES, REGINALD**  
STREET ADDRESS **P.O. BOX 124 N/A**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **VP** ☐ DELETE  
NAME **SCOTT, SIMON**  
STREET ADDRESS **P.O. BOX 703**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **T** ☐ DELETE  
NAME **WASHINGTON, DONNIE**  
STREET ADDRESS **213 CROFTON STREET**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **SD** ☐ DELETE  
NAME **MCGILL, WILLIAM A.**  
STREET ADDRESS **P.O. BOX 98 N/A**  
CITY-ST-ZIP **MIDWAY FL 32343**

TITLE **SD** ☐ DELETE  
NAME **COLSTON, RONALD J.**  
STREET ADDRESS **P.O. BOX 456**  
CITY-ST-ZIP **MIDWAY FL 32343**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE:

*Donnie Washington*

**Donnie Washington**

**3-20-96**

**904-671-0208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-26-1996