


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

1997 MAR 26 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N22644** (1)

1. Corporation Name

GADSDEN COUNTY MEN OF ACTION, INC.

Principal Place of Business P.O. BOX 124 QUINCY FL 32351	Mailing Address P.O. BOX 124 QUINCY FL 32353-0124
--	---



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/23/1987	3a. Date of Last Report 03/27/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WASHINGTON, DONNIE 213 CROFTON STREET QUINCY FL 32351				10. Name and Address of New Registered Agent	
				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES, REGINALD			1.2 NAME			
STREET ADDRESS	P.O. BOX 124 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	SCOTT, SIMON			2.2 NAME			
STREET ADDRESS	P.O. BOX 703 N/A			2.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WASHINGTON, DONNIE			3.2 NAME			
STREET ADDRESS	213 CROFTON STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGILL, WILLIAM A.			4.2 NAME			
STREET ADDRESS	P.O. BOX 98 N/A			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIDWAY FL 32343			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLSTON, RONALD J.			5.2 NAME			
STREET ADDRESS	P.O. BOX 458 N/A			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIDWAY FL 32343			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)