

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUL 29 AM 3:02

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

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 N/A
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 458 N/A
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 100002606701--6
1.4 CITY-ST-ZIP -08/04/98--01041--001
*****61.25 *****81.25

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE FS ☒ Change ☐ Addition
5.2 NAME BRUCE A. JAMES
5.3 STREET ADDRESS Rt 1 Box 1777
5.4 CITY-ST-ZIP HAVANA, FL 32333

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: *William A. McGill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/28/98 (850) 539-7124

CR2E037 (5/98)

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