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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23 1999 8:00 am
Secretary of State

DOCUMENT # N22644

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

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/23/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	FS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JAMES, BRUCE A		5.2 NAME		
STREET ADDRESS	RT. 1 BOX 1777		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32337		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	TS 4/6/99 99AR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Donnie Washington REQUIRED Washington 3-1-99 850.2160559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #