

2001 UNIFORM BUSINESS REPORT (UBR)

Page 142

FILED

01 JAN 25 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N22644			
1. Entity Name Gadsden County Men of Action, Inc.			
Principal Place of Business 		Mailing Address 	
2. Principal Place of Business P.O. Box 1526 <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 1526 <small>Suite, Apt. #, etc.</small>	
City & State Quincy FL		City & State Quincy FL	
Zip 32353		Country US	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Donnie Washington 213 Crofton Street Quincy, FL 32351			
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____			
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. <div style="text-align: right; font-weight: bold;"> 800003631958--2 -02/05/01--01008--001 ***122.50 ***122.50 </div>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make Check Payable to: Department of State	
10. OFFICERS AND DIRECTORS			
TITLE <small>NAME</small>	PO Bruce A. James Rt. 1 Box 1777 HAVANA, FL 32337	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
STREET ADDRESS CITY-ST-ZIP	BM Harry Holt 1116 West Laura Street Quincy, FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <small>NAME</small>
UPD Don Gibson 19 E. Jefferson Street Quincy, FL 32351	BM Tyrone Scott P.O. Box 703 Quincy, FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
CS William McGill P.O. Box 98 Midway, FL 32343	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <small>NAME</small>
T Donnie Washington 213 Crofton Street Quincy, FL 32351	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
FS Fred Anderson c/o P.O. Box 1526 Quincy, FL 32353	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <small>NAME</small>
BM Sam Palmer 1225 Berry St. Quincy, FL 32351	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
12. 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 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: Tyrone Scott			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-30-01 <small>Date</small>	
<small>Daytime Phone #</small>			

CR2E037 (11/00)

PAYE WAZ

To Whom it may concern,

I didn't receive any notices for 2000-2001
Please adjust late fees,

Donnie Waz