

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 27 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22644

1. Entity Name
GADSDEN COUNTY MEN OF ACTION, INC.



Principal Place of Business
P.O. BOX 1526
QUINCY, FL 32353

Mailing Address
P.O. BOX 1526
QUINCY, FL 32353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262004

Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASHINGTON, DONNIE
213 CROFTON STREET
QUINCY, FL 32351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE BM
NAME JAMES, BRUCE A
STREET ADDRESS RT. 1 BOX 1777
CITY-ST-ZIP HAVANA, FL 32337 ☐ Delete

TITLE Rev.
NAME Rev. Clarence Jackson
STREET ADDRESS 150 First Street
CITY-ST-ZIP Gretna FL 32332 ☐ Change ☐ Addition

TITLE VD
NAME GIBSON, DON
STREET ADDRESS 19 E. JEFFERSON STREET
CITY-ST-ZIP QUINCY, FL 32351 ☐ Delete

TITLE Chadin
NAME Harry Holt
STREET ADDRESS 1114 Laura St.
CITY-ST-ZIP Quincy, FL 32351 ☐ Change ☐ Addition

TITLE TO
NAME WASHINGTON, DONNIE
STREET ADDRESS 213 CROFTON STREET
CITY-ST-ZIP QUINCY, FL 32351 ☐ Delete

TITLE Dmpt
NAME Tyne, Scott
STREET ADDRESS P.O. Box 703
CITY-ST-ZIP Quincy, FL 32353 ☐ Change ☐ Addition

TITLE CS
NAME ANDERSON, JOHN
STREET ADDRESS 80 HINSON CIRCLE SOUTH
CITY-ST-ZIP HAVANA, FL 32333 ☐ Delete

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TITLE FS
NAME ANDERSON, FRED
STREET ADDRESS C/O P.O. BOX 1526
CITY-ST-ZIP QUINCY, FL 32353 ☐ Delete

☐ Change ☐ Addition

TITLE P
NAME PALMER, SAM
STREET ADDRESS 1225 BERRY ST
CITY-ST-ZIP QUINCY, FL 32351 ☐ Delete

TITLE PD
NAME Henry Gunn
STREET ADDRESS P.O. Box 1314
CITY-ST-ZIP Quincy, FL 32353 ☒ Change ☐ Addition

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 supplementary 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:

Donnie Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-28-04