

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03102005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N22644</b> 1. Entity Name <b>GADSDEN COUNTY MEN OF ACTION, INC.</b>					
Principal Place of Business <b>P.O. BOX 1526 QUINCY, FL 32353</b>				Mailing Address <b>P.O. BOX 1526 QUINCY, FL 32353</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For            Not Applicable         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>WASHINGTON, DONNIE 213 CROFTON STREET QUINCY, FL 32351</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-weight: bold;">100048153151</div> <div style="text-align: center;">03/10/05--01054--001 **113.75</div> City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"><b>Make check payable to Florida Department of State</b></div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM D</b> <b>JAMES, BRUCE A</b> <b>RT. 1 BOX 1777</b> <b>HAVANA, FL 32337</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2rpo</b> <b>Clarence Jackson</b> <b>150 First Street</b> <b>Gretna, Fl. 32332</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPD</b> <b>GIBSON, DON</b> <b>19 E. JEFFERSON STREET</b> <b>QUINCY, FL 32351</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CO</b> <b>Harry Holt</b> <b>1116 Laura Street</b> <b>Quincy, Fl. 32351</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WASHINGTON, DONNIE</b> <b>213 CROFTON STREET</b> <b>QUINCY, FL 32351</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMO</b> <b>John Youmans</b> <b>105 Lake Laurie</b> <b>Quincy, Fl. 32352</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSD</b> <b>ANDERSON, JOHN</b> <b>80 HINSON CIRCLE SOUTH</b> <b>HAVANA, FL 32333</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bmo</b> <b>Willie Johnson</b> <b>C/O P.O. Box 1526</b> <b>Quincy, Fl. 32353</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FSD</b> <b>ANDERSON, FRED</b> <b>C/O P.O. BOX 1526</b> <b>QUINCY, FL 32353</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bmo</b> <b>Tyrone Scott</b> <b>P.O. Box 703</b> <b>Quincy, Fl. 32353</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GUNN, HENRY</b> <b>P.O. BOX 1314</b> <b>QUINCY, FL 32353</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE:</b> <i>Tyrone Scott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/10/05 (850) 627-6524 <small>Date Daytime Phone #</small>		