


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED


2006 JUN 27 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22644 1. Entity Name GADSDEN COUNTY MEN OF ACTION, INC.	
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Principal Place of Business P.O. BOX 1526 QUINCY, FL 32353	Mailing Address P.O. BOX 1526 QUINCY, FL 32353
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06232006 Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent WASHINGTON, DONNIE 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
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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.

900077161129

07/07/06--01051--019 ***70 CM

SIGNATURE _____ DATE _____

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	BMD JAMES, BRUCE A <input type="checkbox"/> Delete	TITLE	C BMD Harry Holt <input type="checkbox"/> Change <input type="checkbox"/> Addition c/o P.O. Box 1526 Quincy, FL 32353
STREET ADDRESS	RT. 1 BOX 1777 HAVANA, FL 32337	STREET ADDRESS	c/o P.O. Box 1526 Quincy, FL 32353
CITY-ST-ZIP	HAVANA, FL 32337	CITY-ST-ZIP	Quincy, FL 32353
TITLE	VP GIBSON, DON <input type="checkbox"/> Delete	TITLE	BMD Willie Johnson <input type="checkbox"/> Change <input type="checkbox"/> Addition c/o P.O. Box 1526 Quincy, FL 32353
STREET ADDRESS	19 E. JEFFERSON STREET QUINCY, FL 32351	STREET ADDRESS	c/o P.O. Box 1526 Quincy, FL 32353
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	Quincy, FL 32353
TITLE	TD WASHINGTON, DONNIE <input type="checkbox"/> Delete	TITLE	BMD John Youmans <input type="checkbox"/> Change <input type="checkbox"/> Addition c/o P.O. Box 1526 Quincy, FL 32353
STREET ADDRESS	213 CROFTON STREET QUINCY, FL 32351	STREET ADDRESS	c/o P.O. Box 1526 Quincy, FL 32353
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	Quincy, FL 32353
TITLE	CSD ANDERSON, JOHN <input type="checkbox"/> Delete	TITLE	BMD Tyronne Scott <input type="checkbox"/> Change <input type="checkbox"/> Addition c/o P.O. Box 1526 Quincy, FL 32353
STREET ADDRESS	80 HINSON CIRCLE SOUTH HAVANA, FL 32333	STREET ADDRESS	c/o P.O. Box 1526 Quincy, FL 32353
CITY-ST-ZIP	HAVANA, FL 32333	CITY-ST-ZIP	Quincy, FL 32353
TITLE	FSD ANDERSON, FRED <input type="checkbox"/> Delete	TITLE	
STREET ADDRESS	C/O P.O. BOX 1526 QUINCY, FL 32353	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32353	CITY-ST-ZIP	
TITLE	PD GUNN, HENRY <input type="checkbox"/> Delete	TITLE	
STREET ADDRESS	P.O. BOX 1314 QUINCY, FL 32353	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32353	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donnie Washington TREASURER Date: JUNE 26 06 Daytime Phone #: 556-4524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR