


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22644 1. Entity Name GADSDEN COUNTY MEN OF ACTION, INC.			FILED 07 JUL 30 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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 - No P.O. Box # 213 Crofton Street	3. Mailing Address Suite, Apt. #, etc.		
City & State Quincy FL		City & State Suite, Apt. #, etc.	
Zip 32351	Country	Zip Country	4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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.</small>		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD JAMES, BRUCE A RT. 1 BOX 1777 HAVANA, FL 32337	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIBSON, DON 19 E. JEFFERSON STREET QUINCY, FL 32351	<input type="checkbox"/> Delete	BMD Tyrone Scott P.O. Box 703 Quincy, FL 32353
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WASHINGTON, DONNIE 213 CROFTON STREET QUINCY, FL 32351	<input type="checkbox"/> Delete	BMD John Youmans c/o P.O. Box 1526 Quincy, FL 32353
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD ANDERSON, JOHN 80 HINSON CIRCLE SOUTH HAVANA, FL 32333	<input type="checkbox"/> Delete	TD DONNIE WASHINGTON 635 SELMAN ROAD Quincy FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD ANDERSON, FRED C/O P.O. BOX 1526 QUINCY, FL 32353	<input type="checkbox"/> Delete	BMD Wille Johnson c/o P.O. Box 1526 Quincy, FL 32353
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNN, HENRY P.O. BOX 1314 QUINCY, FL 32353	<input type="checkbox"/> Delete	BMD Harry Holt c/o P.O. Box 1526 Quincy, FL 32353
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.		TS. 7/31/07	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-30-07 850-556-9331 <small>Date Daytime Phone #</small>	