

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002405

DOCUMENT # N22644

1. Entity Name

GADSDEN COUNTY MEN OF ACTION, INC.



FILED
03 AUG 25 AM 9 31
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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE Bm
NAME
STREET ADDRESS 600022886236
CITY-ST-ZIP 09/09/03--01073--004 **61.25 ☒ Change ☐ Addition

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

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

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

TITLE Bm
NAME Anthony Thomas
STREET ADDRESS Strong Rd
CITY-ST-ZIP Quincy FL 32351 ☐ Change ☒ Addition

TITLE CS
NAME MCGILL, WILLIAM A
STREET ADDRESS P.O. BOX 98
CITY-ST-ZIP MIDWAY FL 32343 ☐ Delete

TITLE
NAME John Anderson
STREET ADDRESS 80 Hinson Circle South
CITY-ST-ZIP Havana, FL 32333 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)