

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 APR 30 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N32556** (5)

1. Corporation Name

**GADSDEN CITIZENS FOR HEALTHY BABIES, INC.**



Principal Place of Business

Mailing Address

C/O ROXANNE JOHNSON  
215 W. JEFFERSON ST. STE B  
QUINCY FL 32351  
US

215 W. JEFFERSON ST.  
SUITE B  
QUINCY FL 32351-2356  
US

3. Date Incorporated or Qualified  
**05/30/1989**

3a. Date of Last Report  
**03/11/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

**59-3022660**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LITTLES, ALMA MD  
21 N LOVE ST  
QUINCY FL 32351**

81 Name

**Cyneetha Strong-Smith, MD**

82

Street Address (P.O. Box Number is Not Acceptable)

**600 LaSalle Leffall Drive**

83

84 City

**Quincy,**

**FL**

85 Zip Code

**32351**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Cyneetha Strong-Smith*

**March 6, 1997**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **LITTLES, ALMA**  
STREET ADDRESS **21 N LOVE ST**  
CITY-ST-ZIP **QUINCY FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Strong-Smith, Cyneetha**  
1.3 STREET ADDRESS **600 LaSalle Leffall Drive**  
1.4 CITY-ST-ZIP **Quincy, Florida 32351**

TITLE **D** ☐ DELETE  
NAME **WYNN, JERRY**  
STREET ADDRESS **RT. 10 BOX 100**  
CITY-ST-ZIP **QUINCY FL**

2.1 TITLE **500002167413** ☐ Change ☐ Addition  
2.2 NAME **-05/06/97-01070-005**  
2.3 STREET ADDRESS **\*\*\*\*\*70.00 \*\*\*\*\*70.00**  
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **CUMBIE, NESTA**  
STREET ADDRESS **4 EAST WASHINGTON ST.**  
CITY-ST-ZIP **QUINCY FL**

3.1 TITLE **B** ☐ Change ☒ Addition  
3.2 NAME **Sunday, Brenda**  
3.3 STREET ADDRESS **4 East Washington Street**  
3.4 CITY-ST-ZIP **Quincy, Florida 32351**

TITLE **D** ☐ DELETE  
NAME **MCCASKILL, RICK**  
STREET ADDRESS **P O BOX 389 NA**  
CITY-ST-ZIP **QUINCY FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **STEGALL, VICKIE**  
STREET ADDRESS **P O BOX 1499 NA**  
CITY-ST-ZIP **QUINCY FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **FURLOW, JESSIE**  
STREET ADDRESS **P.O. BOX 2009**  
CITY-ST-ZIP **QUINCY FL**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **Furlow, Jessie**  
6.3 STREET ADDRESS **PO Box 2009**  
6.4 CITY-ST-ZIP **Quincy, FL 32351**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. **Cyneetha Strong-Smith** (904)

SIGNATURE:

*Cyneetha Strong-Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0000100

March 6, 1997 875-8700

CR2E037 (9/96)