

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32556 (5)**  
 1. Corporation Name  
**GADSDEN CITIZENS FOR HEALTHY BABIES, INC.**



Principal Place of Business <b>C/O ROXANNE JOHNSON 215 W. JEFFERSON ST. STE B QUINCY FL 32351 US</b>	Mailing Address <b>215 W. JEFFERSON ST. SUITE B QUINCY FL 32351 US</b>
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3. Date Incorporated or Qualified <b>05/30/1989</b>		
4. FEI Number <b>59-3022660</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent <b>STRONG-SMITH, CYNEETHA MD 600 LASALLE LEFFALL DRIVE QUINCY FL 32351</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRONG-SMITH, CYNEETHA</b>	1.2 NAME	
STREET ADDRESS	<b>600 LASALLE LEFFALL DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WYNN, JERRY</b>	2.2 NAME	
STREET ADDRESS	<b>RT. 10 BOX 100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUNDAY, BRENDA</b>	3.2 NAME	<b>Susan Gilson</b>
STREET ADDRESS	<b>4 EAST WASHINGTON STREET</b>	3.3 STREET ADDRESS	<b>6128 Pickwood Road</b>
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	3.4 CITY-ST-ZIP	<b>Tallahassee, Florida 32308</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCASKILL, RICK</b>	4.2 NAME	
STREET ADDRESS	<b>P O BOX 389 NA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEGALL, VICKIE</b>	5.2 NAME	
STREET ADDRESS	<b>P O BOX 1499 NA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FURLOW, JESSIE</b>	6.2 NAME	
STREET ADDRESS	<b>P.O. BOX 2009 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *[Signature]* **Cyneetha Strong-Smith** 3/6/98 (850) 875-8700

CP2E037 (10/97)