| 200 | 1 UNIFORM BUSI | NESS REPOI | RT (UB | R) | | APPROVED | | |
|---|----------------------------------|--|----------------|--|---|----------------------------|--------------|------------|
| DOCUMENT # N32556 | | | | | ALED TO THE PARTY OF THE PARTY | | | |
| GADSDEN CITIZENS FOR HEALTHY BABIES, INC. | | | | | 01 JUL -9 PM 12: 56 | | | |
| Principal Place of Business Mailing Address | | | | | OCCUETABLY OF STATE | | | |
| C/O ROXANNE JOHNSON 215 W. JEFFERSON ST. STE B QUINCY FL 32351 US | | 215 W. JEFFERSON ST. SUITE B QUINCY FL 32351 US | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | |
| City & State | | City & State | | | 4. FEI Number 59-3022660 Applied For Not Applicable | | | |
| Zip Country | | Zip Country | | | 5. Certificate | of Status Desired | \$8.75 Add | ditional |
| | 6. Name and Address of Current F | Registered Agent | Name | | 7. Name and | Address of New Registe | red Agent | |
| | | | | | | | | |
| GILSON, SUSAN 6128 PICKWINGK ROAD PICKWINGK TALLAHASSEE FL 32308 | | | Street / | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | : | | | | | |
| 1 1 | | | | 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. | | | | | | | | |
| Charles Della | | | | | | | | |
| SIGNATURE MANNEY PUSON (LON 14, 2001 | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Make Check Payable to Department of State | | | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | Α | DDITIONS/CH | I ANGES TO OFFICERS ANI | DIRECTORS IN | I 10 |
| TITLE NAME | D Strong-Smith, Cyneetha | ☐ Delete | TITLE NAME | | C (| വനന449 | Change | Addition |
| STREET ADDRESS | | | STREET ADDRESS | | -07/18/0101001002 | | | |
| CITY-ST-ZIP | QUINCY FL 32351 | | CITY-ST-ZIP | | | *****70.00 |] ***** | 0.00 |
| TITLE NAME | DV WYNN, JERRY | ☐ Delete | TITLE NAME | | | | Change | Addition |
| STREET ADDRESS | RT. 10 BOX 100 | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | QUINCY FL | | CITY-ST-ZIP | | | | | |
| TITLE NAME | DP Gilson, Susan | ☐ Delete | TITLE NAME | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | 6128 PICKWOOD ROAD PICKE | None " | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | , ick | CITY-ST-ZIP | | | | | |
| TITLE NAME | S Stegall, Vickie | Delete | TITLE NAME | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | P O BOX 1499 NA | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | QUINCY FL | | CITY-ST-ZIP | | | | | |
| TITLE NAME | DP FURLOW, JESSIE | ☐ Delete | TITLE NAME | | | | ☐ Change | ☐ Addition |
| `STREET ADDRESS | P.O. BOX 2009 N/A | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | QUINCY FL 32351 | - | CITY-ST-ZIP | | | | | |
| TITLE Name | | ☐ Delete | TITLE NAME | | | | Change | Addition |

12. I hereby certify that the information symplied 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 of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MARY FOR Gilson, Chairman

4/4/01

850/875_8700

3/09/01

CORPORATE DETAIL RECORD SCREEN

1:11 PM

NUM: N32556

ST:FL ACTIVE/FL NON-PROF FLD: 05/30/1989

FEI#: 59-3022660

NAME : GADSDEN CITIZENS FOR HEALTHY BABIES, INC.

PRINCIPAL: C/O ROXANNE JOHNSON

CHANGED: 05/01/94

ADDRESS 215 W. JEFFERSON ST. STE B

QUINCY, FL 32351 US

MAILING : 215 W. JEFFERSON ST. CHANGED: 04/22/93

ADDRESS

SUITE B QUINCY, FL 32351 US

RA NAME : GILSON, SUSAN

NAME CHG: 03/31/99

: 6128 PICKWOOK ROAD RA ADDR

ADDR CHG: 03/31/99

TALLAHASSEE, FL 32308 US

ANN REP : (1998) B 03/26/98 (1999) I 03/31/99 (2000) A 04/05/00

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: