

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90459 014 ****61.25

DOCUMENT # N32556

1. Entity Name
GADSDEN CITIZENS FOR HEALTHY BABIES, INC.

Principal Place of Business Mailing Address
C/O ROSAMAR JOHNSON Tony Woods 215 W. JEFFERSON ST.
 215 W. JEFFERSON ST. STE B SUITE B
 QUINCY FL 32351 QUINCY FL 32351
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3022660		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GILSON, SUSAN 6128 PICKWICK ROAD TALLAHASSEE FL 32308				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ DATE _____
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	D STRONG-SMITH, CYNEETHA	<input checked="" type="checkbox"/> Delete	TITLE NAME	D Burgess, Angela	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600 LASALLE LEFFALL DRIVE		STREET ADDRESS	3955 W. Pensacola St.	
CITY-ST-ZIP	QUINCY FL 32351		CITY-ST-ZIP	Tallahassee, Fl. 32304	
TITLE NAME	DV WYNN, JERRY	<input checked="" type="checkbox"/> Delete	TITLE NAME	D Harrison-Braynen, Pamela	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RT. 10 BOX 100		STREET ADDRESS	628 S. Ninth Street	
CITY-ST-ZIP	QUINCY FL		CITY-ST-ZIP	Quincy, Fl. 32351	
TITLE NAME	DP GILSON, SUSAN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6128 PICKWICK ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE NAME	S STEGALL, VICKIE	<input checked="" type="checkbox"/> Delete	TITLE NAME	S Lombardo, Rob	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P O BOX 1499 NA		STREET ADDRESS	9601-54 Miccosukee Rd.	
CITY-ST-ZIP	QUINCY FL		CITY-ST-ZIP	Tallahassee, Fl. 32309	
TITLE NAME	DP FURLOW, JESSIE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 2009 N/A		STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL 32351		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Susan Gilson* **Susan Gilson, Chairman** June 11, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)