FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN -1 PM 12:32

DOCUMENT # N93000003551

1. Corporation Name: Gadsden Youth Development Council

Principal Place of Business / Mailing Address
209 South Duval Street
Quincy, FL 32351

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] Country [25]	Zip [29] Country [30]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7-5-93	3a. Date of Last Report
4. FEI Number: 59-3200993	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
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
Joseph Long III	81 Name
208 S. Love St.	82 Street Address (P.O. Box Number is Not Acceptable)
	83
Quincy FL 32351	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	Joseph Long III	12 NAME	
STREET ADDRESS	208 S Love St	13 STREET ADDRESS	
CITY ST ZIP	Quincy FL 32351	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	Rev. James Mitchell	22 NAME	
STREET ADDRESS	PO Box 1661 N/A	23 STREET ADDRESS	
CITY ST ZIP	Quincy FL 32351	24 CITY ST ZIP	
TITLE	Sec D	31 TITLE	☐ Change ☐ Addition
NAME	Sharon Ellias	32 NAME	
STREET ADDRESS	Gen Del	33 STREET ADDRESS	300001547663
CITY ST ZIP	Quincy FL 3235	34 CITY ST ZIP	-07/27/95--01055--006
TITLE	TD	41 TITLE	*****61.25 *****61.25
NAME	Harry K Holt	42 NAME	
STREET ADDRESS	116 W. Lavina St	43 STREET ADDRESS	
CITY ST ZIP	Quincy FL 32351	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	RL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joseph K. Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #