

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001642

FILED
Mar 22, 2007
Secretary of State

Entity Name: GADSDEN ARTS, INC.

Current Principal Place of Business:

13 N MADISON
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

13 N MADISON
QUINCY, FL 32351 US

New Mailing Address:

FEI Number: 59-3247747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANSON, ROSEMARY
510 LIVE OAK LANE
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OTTALLERO, MICHAEL
Address: 95 PORT PLANT ROAD
City-St-Zip: QUINCY, FL 32352

Title: SD () Delete
Name: LASSETER, SHARON J
Address: 616 HIGHLAND
City-St-Zip: QUINCY, FL 32351

Title: VD () Delete
Name: WANDA, ZUBR
Address: 640 SOUTH SHALFER STREET
City-St-Zip: QUINCY, FL 32351

Title: TD () Delete
Name: BRANSON, ROSEMARY
Address: 510 LIVE OAK LN
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: WOODWARD, PAT M DR
Address: 789 ATTAPULGUS HIGHWAY
City-St-Zip: QUINCY, FL 32352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZUBR, WANDA
Address: 640 S. SHELFER ST.
City-St-Zip: QUINCY, FL 32351

Title: VPD (X) Change () Addition
Name: EDWARDS, MARY HOWARD
Address: PO BOX 1002
City-St-Zip: QUINCY, FL 32353 10

Title: SD (X) Change () Addition
Name: HINSON-FLOWERS, BETTIE
Address: 799 FRIDAY RD.
City-St-Zip: QUINCY, FL 32351

Title: TD (X) Change () Addition
Name: BARKLEY, LOMAR
Address: PO BOX 1726
City-St-Zip: QUINCY, FL 32353 17

Title: D (X) Change () Addition
Name: O'HALLARAN, MICHAEL
Address: 95 POST PLANT RD.
City-St-Zip: QUINCY, FL 32352

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA ZUBR

MS.

03/22/2007

Electronic Signature of Signing Officer or Director

Date