2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001642

Entity Name: GADSDEN ARTS, INC.

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13 N MADISON

QUINCY, FL 32351 US

Current Mailing Address: New Mailing Address:

13 N MADISON

QUINCY, FL 32351 US

FEI Number: 59-3247747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRANSON, ROSEMARY

COLLINS, TRICIA 13 NORTH MADISON ST 510 LIVE OAK LANE HAVANA, FL 32333 QUINCY, FL 32351

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: TRICIA COLLINS 03/28/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ZUBR, WANDA EDWARDS, MARY HOWARD Name: Name: Address:

640 S. SHELFER ST. Address: PO BOX 1002 QUINCY, FL 32353 US City-St-Zip: QUINCY, FL 32351 City-St-Zip:

Title: () Delete Title: (X) Change () Addition EDWARDS, MARY HOWARD Name: BRYANT, ELLEN Name:

Address: PO BOX 1002 Address: 681 TYLER SANDERS RD City-St-Zip: QUINCY, FL 32353 10 City-St-Zip: QUINCY, FL 32352 US

Title: () Delete Title: (X) Change () Addition

O'HALLORAN, MICHAEL J HINSON-FLOWERS, BETTIE Name: Name: 95 POST PLANT RD Address: 799 FRIDAY RD. Address:

City-St-Zip: QUINCY, FL 32351 City-St-Zip: QUINCY, FL 32352 US

Title: TD () Delete Title: TD (X) Change () Addition

BARKLEY, LOMAR Name: Name: RODGERS, JIM DR. Address: PO BOX 1726 Address: 205 NORTH MADISON ST City-St-Zip: QUINCY, FL 32353 17 City-St-Zip: QUINCY, FL 32351 US

Title: (X) Delete Title: () Change () Addition

O'HALLARAN, MICHAEL Name: Name: 95 POST PLANT RD. Address: Address: QUINCY, FL 32352 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARY HOWARD EDWARDS Ρ 03/28/2008