

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004391

Entity Name: GADSDEN UNITED, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

POST OFFICE BOX 521  
QUINCY, FL 323530521

## New Principal Place of Business:

5 DANTE COURT  
QUINCY, FL 323514916

## Current Mailing Address:

POST OFFICE BOX 521  
QUINCY, FL 323530521

## New Mailing Address:

FEI Number: 59-3377231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LASLEY, MARION E  
5 DANTE COURT  
QUINCY, FL 32351 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: D ( ) Delete  
Name: DORIAN, MIKE  
Address: 145 ALLIGATOR RUN  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: THOMPSON, RICHARD L  
Address: 137 WAYSIDE FARM RD.  
City-St-Zip: HAVANA, FL 32333

Title: VC ( ) Delete  
Name: ARNOLD, TONY A  
Address: 28852 BLUE STAR MEM. HWY  
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete  
Name: GROW, KATHLEEN  
Address: 465 JOHN YAWN PLACE  
City-St-Zip: HAVANA, FL 32333

Title: CST ( ) Delete  
Name: LASLEY, MARION  
Address: 5 DANTE COURT  
City-St-Zip: QUINCY, FL 32351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARION LASLEY

CST

04/30/2009

Electronic Signature of Signing Officer or Director

Date