SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

000115B0

DOCUMENT # N96000006472 (2)

1. Corporate Name

GADSDEN COUNTY BLACK HERITAGE, CULTURE AND EDUCA TION ORGANIZATION, INCORPORATED

Principal Place of Business

~~618 2ND ST~~ Rt 6 Box 161
QUINCY FL 32351

Mailing Address

~~618 2ND ST~~ Rt 6 Box 161
QUINCY FL 32351

3. Date Incorporated or Qualified
12/19/1996

4. FEI Number
APPLIED FOR 59-3531063 [✓] 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. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

9. Name and Address of Current Registered Agent

POWELL, ANTHONY
RT 2 BOX 393-D
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name (Mrs) Gwen P. Robinson
82 Street Address (P.O. Box Number is Not Acceptable) Rt 6 Box 161
83
84 City Quincy, Fl FL 85 Zip Code 32351

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Robinson, Gwen P. Gwen P. Robinson
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[✓] DELETE
NAME	RUSS, GLEN	
STREET ADDRESS	220 MCARTHUR ST	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	[✓] DELETE
NAME	ROBINSON, GWEN	
STREET ADDRESS	220 MCARTHUR ST	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	[ ] DELETE
NAME	PRICE, ESTELLA	
STREET ADDRESS	220 MCARTHUR ST	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[ ] Change [✓] Addition
1.2 NAME	Carolyn P. Simon	
1.3 STREET ADDRESS	Rt 2 Box 394A	
1.4 CITY-ST-ZIP	Quincy, Fl 32351	
2.1 TITLE	P Robinson, Gwen	[✓] Change [ ] Addition
2.2 NAME	Rt 6 Box 161	
2.3 STREET ADDRESS	Quincy, Fl 3235	
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	[ ] Change [✓] Addition
4.2 NAME	Vikki Weaver	
4.3 STREET ADDRESS	Rt 2 Box 394	
4.4 CITY-ST-ZIP	Quincy, Fl 32351	
5.1 TITLE	D	[ ] Change [✓] Addition
5.2 NAME	Sherrie Taylor	
5.3 STREET ADDRESS	Rt 6 Box 161	
5.4 CITY-ST-ZIP	Quincy, Fl 32351	
6.1 TITLE	S	[ ] Change [✓] Addition
6.2 NAME	Mildred M. Clemons	
6.3 STREET ADDRESS	~~P.O. Box 502~~ 151 McNair Road	
6.4 CITY-ST-ZIP	Havana, Fl. 32333	

14. 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 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: Gwendolyn P Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 30, 1998
Date

Daytime Phone #

CR2E037 (5/98)