

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22644

Entity Name: GADSDEN COUNTY MEN OF ACTION, INC.**Current Principal Place of Business:**213 CROFTON STREET
QUINCY, FL 32351**Current Mailing Address:**P.O. BOX 1526
QUINCY, FL 32353**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WASHINGTON, DONNIE
213 CROFTON STREET
QUINCY, FL 32351 US*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**Officer/Director Detail :**

Title PD
Name GUNN, HENRY
Address P.O. BOX 1526
City-State-Zip: QUINCY FL 32353

Title VPD
Name HANNAH, TONY
Address P.O. BOX 1526
City-State-Zip: QUINCY FL 32353

Title TD
Name WASHINGTON, DONNIE
Address 635 SELMAN ROAD
City-State-Zip: QUINCY FL 32351

Title CSD
Name ANDERSON, JOHN
Address 80 HINSON CIRCLE SOUTH
City-State-Zip: HAVANA FL 32333

Title FSD
Name ANDERSON, FRED
Address 205 NORTH LOVE STREET
City-State-Zip: QUINCY FL 32351

Title BMD
Name SCOTT, TYRONE
Address 1244 POINT MILLIGAN ROAD
City-State-Zip: QUINCY FL 32352

Title BMD
Name YOUMANS, JOHN
Address P.O. BOX 1526
City-State-Zip: QUINCY FL 32353

Title BMDC
Name HOLT, HARRY
Address P.O. BOX 1526
City-State-Zip: QUINCY FL 32353

I hereby 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 all other like empowered.

SIGNATURE: DONNIE WASHINGTON**TD****09/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date