2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N94000004772

Entity Name: GLADES HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

1016 N. DIXIE HWY
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1016 N. DIXIE HWY
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0541467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORD, H P
1016 N. DIXIE HWY
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

GOODLETT, DAVID
1016 N. DIXIE HWY
WEST PALM BEACH, FL 33401 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: DAVID GOODLETT 02/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LACY, JOHN S
Address: 1016 N. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: HATTON, ROGER
Address: 1016 N. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: ALTMANN, TOMMY
Address: 1016 N. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: GOODLETT, DAVID
Address: 1016 N. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: BRANCH, HUGH
Address: 1016 N. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: HAND, DOLLY
Address: 1016 N. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

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:

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: DAVID GOODLETT D 02/09/2009
Electronic Signature of Signing Officer or Director Date