

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004772

FILED
Apr 13, 2010
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

GOODLETT, DAVID
1016 N. DIXIE HWY
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ELLINGTON, SAM
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: SAM ELLINGTON

04/13/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SAM ELLINGTON

D

04/13/2010

Electronic Signature of Signing Officer or Director

Date