## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009037

Entity Name: WEAR GLOVES, INC.

**Current Principal Place of Business:** 

98 NE 9TH ST. OCALA, FL 34470

**Current Mailing Address:** 

98 NE 9TH ST.

OCALA, FL 34470 US

FEI Number: 27-3644705 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERS, ROBERT 6634 SE 11TH LOOP OCALA, FL 34472 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: ROBERT PETERS 02/07/2025

Electronic Signature of Registered Agent

Date

FILED Feb 07, 2025

**Secretary of State** 

3787143178CC

Officer/Director Detail:

Title CHR Title EXEC DIR, CEO

NameKEBRDLE, KEN RCHAIRNameKEBRDLE, WENDY SDIRAddress701 SE SANCHEZ AVEAddress701 SE SANCHEZ AVECity-State-Zip:OCALA FL 34471City-State-Zip:OCALA FL 34471

Title CHAIRMAN OF THE BOARD Title TREASURER OF THE BOARD

Name LEWIS, CLINT Name PETERS, ROB

Address 416 EAST FT. KING STREET Address 6634 SE 11TH LOOP

City-State-Zip: OCALA FL 34471 City-State-Zip: OCALA FL 34472

Title SECRETARY OF THE BOARD Title DIRECTOR

Name REED, JOSHUA Name DEASE, JOSHUA
Address 2309 NE 39TH AVENUE Address 901 NE 42ND STREET

City-State-Zip: OCALA FL 34470 City-State-Zip: OCALA FL 34479

Title DIRECTOR Title DIRECTOR

Name KERN, CHARMA Name GRAHAM, SHIRA

Address 704 SE WENONA AVE Address 908 W. SILVER SPRINGS PLACE

City-State-Zip: OCALA FL 34471 City-State-Zip: OCALA FL 34475

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: ROB PETERS TREASURER OF THE 02/07/2025
BOARD

Electronic Signature of Signing Officer/Director Detail

Date