2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2024
Secretary of State
7962966786CC

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 01/24/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHR
Name	KEBRDLE, KEN RCHAIR
Address	701 SE SANCHEZ AVE
City-State-Zip:	OCALA FL 34471

Title	CHAIRMAN OF THE BOARD
Name	LEWIS, CLINT
Address	416 EAST FT. KING STREET
City-State-Zip:	OCALA FL 34471

Title	SECRETARY OF THE BOARD
Name	TINGLER, JIM
Address	2402 SE 23RD PLACE
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	YANCEY, ALBERT
Address	16458 SE 3RD STREET
City-State-Zip:	OCALA FL 34488

Title	EXEC DIR, CEO
Name	KEBRDLE, WENDY SDIR
Address	701 SE SANCHEZ AVE
City-State-Zip:	OCALA FL 34471

Title	TREASURER OF THE BOARD
Name	PETERS, ROB
Address	6634 SE 11TH LOOP
City-State-Zip:	OCALA FL 34472

Title	DIRECTOR
Name	OKUS, TRACY
Address	846 SE 14TH AVENUE
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	REED, JOSHUA
Address	2309 NE 39TH AVENUE
City-State-Zip:	OCALA FL 34470

Continues on page 2

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 TREASURE 01/24/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DEASE, JOSHUA
Address	901 NE 42ND STREET
City-State-Zip:	OCALA FL 34479

Title	DIRECTOR
Name	ROZANSKI, CHARLOTTE
Address	7660 S MAGNOLIA AVENUE
City-State-Zip:	OCALA FL 34476