

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730286

FILED  
Mar 16, 2004  
Secretary of State

Entity Name: HENDRY-GLADES MENTAL HEALTH CLINIC, INC.

**Current Principal Place of Business:**

80 EUCLID PL  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 87  
LABELLE, FL 33935 US

**New Mailing Address:**

FEI Number: 59-1558636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOSICK, JOSEPH  
601 WEST ALVERDEZ  
CLEWISTON, FL 33440 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHUPE, CHRISTOPHER  
Address: 4290 ASPEN BLVD SW  
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete  
Name: FORBES, JAMES MD  
Address: P O BOX 1085  
City-St-Zip: CLEWISTON, FL 33440

Title: T ( ) Delete  
Name: LEE, RONNIE  
Address: PO BOX 579  
City-St-Zip: LABELLE, FL 33975

Title: D ( ) Delete  
Name: GRANT, WARREN  
Address: 4020 RAINBOW CIR  
City-St-Zip: LABELLE, FL

Title: S ( ) Delete  
Name: HAMPTON, PEGGY  
Address: PO BOX 1019  
City-St-Zip: LABELLE, FL 33975

Title: VPD ( ) Delete  
Name: VALIANT, MARTHA  
Address: P.O. BOX 70  
City-St-Zip: LABELLE, FL 33975

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GRANT, WARREN L  
Address: 4020 RAINBOW CIRCLE  
City-St-Zip: LABELLE, FL 33935 US

Title: VP (X) Change ( ) Addition  
Name: VALIANT, MARTHA  
Address: 570 CAPTAIN HENDRY DRIVE  
City-St-Zip: LABELLE, FL 33935 US

Title: D (X) Change ( ) Addition  
Name: LEE, RONNIE  
Address: 248 CALOOSA ESTATES  
City-St-Zip: LABELLE, FL 33935 US

Title: T (X) Change ( ) Addition  
Name: SHUPE, CHRIS  
Address: 205 SO W.C. OWEN AVE.  
City-St-Zip: CLEWISTON, FL 33440 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HOLLEY, KENNETH C  
Address: P.O. BOX 550  
City-St-Zip: MOORE HAVEN, FL 33471 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WARREN L. GRANT

P

03/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

STEVE WORLEY/DIRECTOR  
P.O. BOX 579  
LABELLE, FL 33975

JAMES RIDER/DIRECTOR  
P.O. BOX 39  
MOORE HAVEN, FL 33471

PAUL K. PULETTI/DIRECTOR  
110 HARDEE ST.  
LABELLE, FL 33935