

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730286

FILED
Jan 14, 2008
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: ALDRICH, WAYNE
Address: P. O. BOX 159
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: VP () Delete
Name: PULETTI, PAUL
Address: 110 HARDEE STREET
City-St-Zip: LABELLE, FL 33935 US

Title: S () Delete
Name: LEE, RONNIE
Address: 248 CALOOSA ESTATES
City-St-Zip: LABELLE, FL 33935 US

Title: S () Delete
Name: LEE, RONNIE, SHERIF
Address: P. O. BOX 579
City-St-Zip: LABELLE, FL 33935 US

Title: D () Delete
Name: CUDWORTH, CRAIG
Address: 524 SAGAMORE AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: SHUPE, CHRISTOPHER
Address: 205 S. W.C OWEN AVE
City-St-Zip: CLEWISTON, FL 33440 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: JOSEPH HOSICK

CEO

01/14/2008

Electronic Signature of Signing Officer or Director

Date