

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730286

FILED  
Jan 21, 2009  
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:**

601 W. ALVERDEZ AVENUE  
CLEWISTON, FL 33440 US

**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: P (X) Change ( ) Addition  
Name: CUDWORTH, CRAIG  
Address: 524 SAGAMORE AVE  
City-St-Zip: CLEWISTON, FL 33440 US

Title: VP (X) Change ( ) Addition  
Name: THOMAS, SAMUEL  
Address: 135 W. CRESCENT DRIVE  
City-St-Zip: CLEWISTON, FL 33440 US

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

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

Title: D (X) Change ( ) Addition  
Name: WHIDDEN, STEVE SHERIFF  
Address: P. O. BOX 579  
City-St-Zip: LABELLE, FL 33975

Title: D (X) Change ( ) Addition  
Name: ALDRICH, WAYNE  
Address: P. O. BOX 459  
City-St-Zip: MOORE HAVEN, FL 33471 US

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: CRAIG CUDWORTH

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date