

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730286

FILED
Jan 07, 2010
Secretary of State

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

Current Principal Place of Business:

601 W. ALVERDEZ AVENUE
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 87
LABELLE, FL 33935 US

New Mailing Address:

601 W. ALVERDEZ AVENUE
CLEWISTON, FL 33440 US

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
Name: THOMAS, SAMUEL
Address: 135 W. CRESCENT DRIVE
City-St-Zip: CLEWISTON, FL 33440 US

Title: S
Name: VALIANT, MARTHA M.D,
Address: 570 CAPTAIN HENDRY DRIVE
City-St-Zip: LABELLE, FL 33935 US

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

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

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

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: JOSEPH HOSICK

CEO

01/07/2010

Electronic Signature of Signing Officer or Director

Date