2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# 735671

Entity Name: GLADESMASTERS, INC.

Current Principal Place of Business:

10248 DORCHESTER DRIVE
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

10248 DORCHESTER DRIVE
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCARTHA, GENE
10248 DORCHESTER DRIVE
BOCA RATON, FL 33428 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:	T	( ) Delete
Name:	LIPPENCOTT, JOHN	
Address:	4240 NE 26TH AVE	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064	
Title:	VPD	( ) Delete
Name:	COX, TIM	
Address:	4761 NE 13TH AVE	
City-St-Zip:	OAKLAND PARK, FL 33334	
Title:	SD	( ) Delete
Name:	MCNUTTY, JENNIFER	
Address:	4926 NW 52ND CT	
City-St-Zip:	TAMARAC, FL 33319	
Title:	PD	( ) Delete
Name:	KLINDT, SEAN	
Address:	7352 NW 38TH STREET	
City-St-Zip:	CORAL SPRINGS, FL 33065	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: JOHN LIPPENCOTT T 06/25/2009
Electronic Signature of Signing Officer or Director — Date