

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90070 022 ****61.25

DOCUMENT # N03000008393

1. Entity Name

GLODEK FAMILY FOUNDATION, INC.



Principal Place of Business

269 BAREFOOT BEACH BLVD
#304
BONITA SPRINGS FL 34134

Mailing Address

269 BAREFOOT BEACH BLVD
#304
BONITA SPRINGS FL 34134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

20-0267924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, JAMES P ESQ
JAMES P. MCDONALD, P.A.
2 E CAMINO REAL SUITE 201
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

233 S. Federal Hwy, Suite 103

City

Boca Raton

FL

Zip Code

33432

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James P. McDonald

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

2/13/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GLODEK, THOMAS F
STREET ADDRESS 269 BAREROOT BEACH 304
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VPD ☐ Delete
NAME GLODEK, MARK
STREET ADDRESS 308 WEDGE WOOD
CITY-ST-ZIP PLYMOUTH MN 55441

TITLE TD ☐ Delete
NAME HUISKEN, DENIST
STREET ADDRESS 11840 TEXAS NO
CITY-ST-ZIP CHAMPLIN MN 55316

TITLE SD ☐ Delete
NAME HENDERSON, KAREN
STREET ADDRESS 17728 72ND PL NO
CITY-ST-ZIP MAPLE GROVE MN 55311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas F. Glodek

2-8-06

239 947 1964