


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008393 1. Entity Name GLODEK FAMILY FOUNDATION, INC.	
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Principal Place of Business 269 BAREFOOT BEACH BLVD #304 BONITA SPRINGS FL 34134	Mailing Address 269 BAREFOOT BEACH BLVD #304 BONITA SPRINGS FL 34134
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 20-0267924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDONALD, JAMES P ESQ JAMES P. MCDONALD, P.A. 233 S. FEDERAL HWY, SUITE 103 BOCA RATON FL 33432

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD GLODEK, THOMAS F 269 BAREFOOT BEACH 304 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD GLODEK, MARK 308 WEDGE WOOD PLYMOUTH MN 55441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TD HUISKEN, DENIST 11840 TEXAS NO CHAMPLIN MN 55316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD HENDERSON, KAREN 17728 72ND PL NO MAPLE GROVE MN 55311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000670125 03/27/07-80098-025 61.25
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **3-14-07** **612 961 6935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #