

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 17, 2008 08:00 A**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

**MCDONALD, JAMES P ESQ  
JAMES P. MCDONALD, P.A.  
233 S. FEDERAL HWY, SUITE 103  
BOCA RATON FL 33432**

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 resigning)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME 000000304263  
STREET ADDRESS 05/01/08-80005-024 61.25  
CITY- ST- ZIP

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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*

4-14-08

612 961 6935