FILED
Jun 16, 2008 8:00 am
Secretary of State
04-09-2008 90041 004 ****61.25

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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000003674

1. Entity Name
HENDRY GLADES HOMELESS COALITION, INC.

Principal Place of Business	Mailing Address
UNITED WAY 117 FORT THOMPSON AVENUE LABELLE, FL 33935	UNITED WAY 117 FORT THOMPSON AVENUE LABELLE, FL 33935

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

03202008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0255574 ☐ 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
LUCKEY, JAMES O ESQ. 90 HOWE AVENUE LABELLE, FL 33935	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

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	P VILLAFUERTE, ERIKA 3057 NW BEECHWOOD CIRCLE LABELLE, FL 33935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDGAR, MARSHA 5080 BRITTANY LANE LABELLE, FL 33935 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Aida Barnhart 244 Euclid Place LaBelle, FL 33935 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETTENCOURT, ARLENE 2003 SW 30TH TERRACE CAPE CORAL, FL 33914 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Amanda Pacheco 519 East Pasadena Ave Clewiston, FL 33440 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, SUSAN 585 OKLAHOMA AVENUE LABELLE, FL 33935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 3/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #