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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

03202008 Chg-NP/ CR2E037 (12/06)

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

4. FEI Number: 59-2525574 ☐ 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #