

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003674

FILED
Jun 24, 2009
Secretary of State

Entity Name: HENDRY GLADES HOMELESS COALITION, INC.

Current Principal Place of Business:

UNITED WAY
117 FORT THOMPSON AVENUE
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

UNITED WAY
117 FORT THOMPSON AVENUE
LABELLE, FL 33935

New Mailing Address:

FEI Number: 26-2525574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCKEY, JAMES O ESQ.
90 HOWE AVENUE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

VILLAFUERTE, ERICA
3011 NE BEECHWOOD CIRCLE
LABELLE, FL 33935 US

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.

SIGNATURE: ERICA VILLAFUERTE

06/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VILLAFUERTE, ERIKA
Address: 3057 NW BEECHWOOD CIRCLE
City-St-Zip: LABELLE, FL 33935

Title: V () Delete
Name: BARNHART, AIDA
Address: 244 EUCLID PL
City-St-Zip: LABELLE, FL 33935

Title: S () Delete
Name: PACHERO, AMANDA
Address: 519 E PASADENA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: T () Delete
Name: HILL, SUSAN
Address: 585 OKLAHOMA AVENUE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VILLAFUERTE, ERIKA
Address: 3011 NE BEECHWOOD CIRCLE
City-St-Zip: LABELLE, FL 33935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BETTENCOURT, ARLENE
Address: 117 FORT THOMPSON AVE
City-St-Zip: LABELLE, FL 33935

Title: T (X) Change () Addition
Name: RIPPERDAN, ANNA
Address: PO BOX 2340
City-St-Zip: LABELLE, FL 33975

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICA VILLAFUERTE

P

06/24/2009

Electronic Signature of Signing Officer or Director

Date