

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012136

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: DAVID AND ARLEEN MCGLADE FOUNDATION, INC.

**Current Principal Place of Business:**

600 BEACHVIEW DRIVE  
PENTHOUSE SOUTH  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

600 BEACHVIEW DRIVE  
PENTHOUSE SOUTH  
VERO BEACH, FL 32963

**New Mailing Address:**

FEI Number: 26-1595824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGLADE, DAVID P  
600 BEACHVIEW DRIVE  
PENTHOUSE SOUTH  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCGLADE, DAVID P  
Address: 600 BEACHVIEW DRIVE, PENTHOUSE SOUTH  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: MCGLADE, ARLEEN C  
Address: 600 BEACHVIEW DRIVE, PENTHOUSE SOUTH  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: MCGLADE, JASMINE A  
Address: 600 BEACHVIEW DRIVE, PENTHOUSE SOUTH  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: MCGLADE, GRACE E  
Address: 600 BEACHVIEW DRIVE, PENTHOUSE SOUTH  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: DAVID P. MCGLADE

MR.

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date