

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000708

FILED
Feb 12, 2009
Secretary of State

Entity Name: GLEAM, INC.

Current Principal Place of Business:

600 S FLORIDA AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

600 S FLORIDA AVE
DELAND, FL 32720

New Mailing Address:

FEI Number: 42-1745363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUER, KIRK ESQ
223 S WOODLAND BLVD
DELAND, FL 32720 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: CLARK, STEPHEN
Address: 218 PLUMOSA RD
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: MCPHERSON, RON
Address: 415 KINGSROW LANE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: BOWER, MARY E
Address: 226 BARDEN DR
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: CLARK, JOANN
Address: 317 SPRING LAKE DR
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: ANDERSON, DON E
Address: 202 W WINNEMISSETT AVE
City-St-Zip: DELAND, FL 32720

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:

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: STEPHEN CLARK

D

02/12/2009

Electronic Signature of Signing Officer or Director

Date