

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007735

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** GLENWOOD WORKING PARTNERSHIP, INC.

**Current Principal Place of Business:**

803 JENKS AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

803 JENKS AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAMPLAIN, TONI  
803 JENKS AVENUE  
PANAMA CITY, FL 32401 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: EDWARDS, ANDERSON  
Address: 1517 ARKANSAS AVENUE  
City-St-Zip: LYNN HAVEN, FL 32401

Title: D ( ) Delete  
Name: WOOD, RUFUS JR  
Address: 1911 EAST 10TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: HINES, MYRON  
Address: 6306 LAKE DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: WOULLARD, MIA CHAEL P  
Address: 610 BAYAVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: SHACK, MATTHEW  
Address: 1040 EAST 7TH COURT  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: ROULHAC, JUDY  
Address: 1139 VARSITY DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

**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:

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: ANDERSON EDWARDS

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date