2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N49139

LINDSEY, CHARLES

WEWAHITCHKA FL 32465

275 DIANNA ST.

NAME

STREET ADDRESS

CITY-ST-ZIP

	NIFORM BUS	Ma	Mar 07, 2003 8:00 am					
DOCU 1. Entity Nam	MENT # N491	39		S	Secretary of State			
GLAD TID	ings assembly of G	OD, INC.			03-07-2003 70117	020 01.	.23	
Principal Plac	e of Business	Mailing Address	Mailing Address					
138 EAST ORA WEWAHITCHKA		P.O. BOX 128 WEWAHITCHKA FL 32465 US	WEWAHITCHKA FL 32465		118 1878) HARRO HARA FALLO ARIA BIRKA BA	### ##################################	0 1011 (00)	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		FEI Number 59-2351251 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Addi	tional	
	6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered Agent				
			Name					
SMITH, J	0EY		Stroot Addr	Street Address (P.O. Box Number is Not Acceptable)				
	ORANGE AVE.		Street Addi	less (F.O. BOX Nulliber is i	Not Acceptable)			
WEWAHITCHKA FL 32465								
	ત્ં		City			Zip Code		
	• ?		City		Fi	- Zip Code		
	named entity submits this state ions of registered agent.	ment for the purpose of changing its	registered office or re	gistered agent, or both, in	the State of Florida. I am	familiar with, a	ind accept	
SIGNATURE .								
	Signature, typed or printed name of register	red agent and title if applicable. (NOTI	E: Registered Agent signature r	equired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Cont				\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10		
TITLE	D	⊠ Delete	TITLE	.		Change	Addition 8	
NAME	HAMM, BENTON			ean, Carl			18	
200 Ballat 017.221				2 Old Dairy Farm Road				
CITY-ST-ZIP	WEWAHITCHKA FL 32465			Newahitchka, Fl	n, Carl Old Dairy Farm Road ahitchka, FL 32465			
TITLE	D CORTHAN VICTOR	☐ Delete	TITLE			Change	Addition S	
NAME STREET ADDRESS	GORTMAN, VICTOR 3100 LAKE GROVE RD.		NAME STREET ADDRESS					
CITY-ST-ZIP	WEWAHITCHKA FL 32465		CITY-ST-ZIP					

☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

|Victor J. Gortman **SIGNATURE**

2-25-03

(850)639-2661

☐ Change

☐ Addition

FILED