


FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50450** (8)
1. Corporation Name
GLEANING THE FIELDS, INC.

Principal Place of Business P.O. BOX 2074 NEW SMYRNA BEACH FL 32170	Mailing Address P.O. BOX 2074 NEW SMYRNA BEACH FL 32170
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3. Date Incorporated or Qualified 08/13/1992	
4. FEI Number 59-3140452	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ALEXANDER, RITA A.
1107 ADAMS AVENUE
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Rita A. Alexander **Rita A. Alexander** **3/26/98**
Signatures typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ALEXANDER, RITA A
STREET ADDRESS	1107 ADAMS AVENUE
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DONAHOO, RHONDA M.
STREET ADDRESS	3842 SANDSTONE COURT
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FUQUAY, CAROL
STREET ADDRESS	1105 ADAMS AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JAILDAQIAN, ANGELA
STREET ADDRESS	6238 ENGRAM ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	REYNOLDS, SHIRLEY
STREET ADDRESS	1005 S ATLANTIC AVE
CITY-ST-ZIP	NEW SMYRNA BCH FL
TITLE	Dp <input type="checkbox"/> DELETE
NAME	Dulfer, Jim
STREET ADDRESS	516 Magnolia Avenue
CITY-ST-ZIP	New Smyrna Beach, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VPSD
1.3 STREET ADDRESS	Alexander, Rita A.
1.4 CITY-ST-ZIP	1107 Adams Avenue
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	New Smyrna Beach, FL
2.3 STREET ADDRESS	TD
2.4 CITY-ST-ZIP	Donahoo, Rhonda M.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3842 Sandstone Court
3.3 STREET ADDRESS	New Smyrna Beach, FL
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rita A. Alexander **3/26/98** **(24)437-9420**

CR2E037 (10/97)



D
Gumto, Wayne
3842 Sandstone Court
New Smyrna Beach, FL

D
Shelley, Jeff (Taz)
220 Florida Avenue
New Smyrna Beach, FL

D
Morris, Arthur
490 N. Washington Avenue
Titusville, FL