

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004708

FILED
Apr 12, 2005
Secretary of State

Entity Name: THE HELEN P. GLIMPSE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

3508 S.MANHATTAN AVE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

919 GUERNSEY ST
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-3340126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANITA L. BARBER, P.A.
919 GUERNSEY STREET
ORLANDO, FL 32804 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: SCHWEGEL, MARGARET
Address: 2415 BANKS DRIVE
City-St-Zip: ALTON, IL 62002

Title: PD () Delete
Name: COX-GLIMPSE, BILLIE
Address: 5303 NORTH BRANCH AVENUE
City-St-Zip: TAMPA, FL 33603

Title: TD () Delete
Name: ROBERSON-SCHMIDT, LESLIE
Address: 19506 FRENCH LACE DRIVE
City-St-Zip: LUTZ, FL 33549

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILLIE COX-GLIMPSE

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date