

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004708

FILED
Apr 18, 2007
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:

2004 W BUSCH BLVD
TAMPA, FL 33612

Current Mailing Address:

3508 S. MANHATTAN AVE
TAMPA, FL 33629 US

New Mailing Address:

P O BOX 7894
TAMPA, FL 33673 US

FEI Number: 59-3340126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX-GLIMPSE, BILLIE
3508 S.MANHATTAN AVE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

WHEAT, ANTOINETTE J
2004 W BUSCH BOULEVARD
TAMPA, FL 33612 US

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: ANTOINETTE J WHEAT

04/18/2007

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: PD (X) Change () Addition
Name: COX-GLIMPSE, BILLIE
Address: P O BOX 7894
City-St-Zip: TAMPA, FL 33673

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 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: BILLIE COX-GLIMPSE

ED

04/18/2007

Electronic Signature of Signing Officer or Director

Date